PASTORAL CARE WITH BEREAVED WIDOWS WHO LOST THEIR SPOUSES TO COVID-19

DISSERTATION

by

PATRICIA NYANDORO

Student No. 23296357

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Supervisor: Prof Maake Masango

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DECLARATION BY CANDIDATE

"I so declare that the dissertation I have submitted for the Master's Degree in Practical Theology at the University of Pretoria is entirely original and has not been submitted to any other higher education institution. I further declare that a complete list of references is used to identify and recognize all sources mentioned or quoted,”

Patricia Nyandoro
Student Number: 23296357
Signature:
Date:
Supervisor: Professor Maake Masango
Signature:
Date:

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ABSTRACT

The plight of widows who lost their spouses to COVID-19 has been given little or no attention in the formulation of pastoral response in church and society at large. Religious and cultural rituals which aid healing and connect the living with the next world seemed to be scanty during the period of lockdown. This has resulted on some widows resenting the church. In their vulnerable situation, how can the church open its doors and hear the painful experiences that the widows went through? Women, in this case widows, would like to tell their stories, to have someone to listen to them, to be understood without being judged. According to Oduyoye "The stories we tell of our hurts and joys are sacred. Telling them makes us vulnerable, but without sharing, we cannot build community and solidarity. Our stories are precious paths on which we have walked with God and struggled for a passage to full humanity. They are events through which we have received the blessings of life from the hand of God" (2001:21). Sharing such experiences would help in the healing process. What are these stories? The stories of widows in our congregations and women's organizations who are leading other women in the church and yet they are going through the pain of losing a spouse due to COVID-19, and the stories of those women who are our neighbours and are grieving in silence. Have they been able to share or tell their stories? This study focuses on the pastoral care to bereaved widows who lost their spouses to COVID-19. To achieve this, the study interviews the widows as well as the clergy using a semi-structured interview guide. The interviews were done with MCSA members who met the study's eligibility requirements. The study's findings will be discussed in relation to earlier works of literature. The interviews were conducted among members of the Methodist Church in Southern Africa, (MCSA), who fitted the study criteria. Findings of the study will be presented in relation to existing literature. Although the implications of pastoral care to bereaved widows are applicable in various contexts, the findings from this research will be limited to the MCSA (in the City of Tshwane Metropolitan).

Keywords: Pastoral Care, Bereaved Widows, Spouses, COVID-19, MCSA

Acronyms:

MCSA: These abbreviations are used to refer to the Methodist Church of Southern Africa, (Mokutso 2019:20). Many denominations whose teachings were derived from John Wesley use the name Methodist (Lyons & Truesdale 2000:187). In this study, this abbreviation will be used to denote the Methodist Church of Southern Africa.

Clarification of key Concepts

Bereavement: refers to the emotional state that individuals experience after losing a loved one, (Kaneez 2015:1).

COVID-19 pandemic: Cennimo defines the COVID-19 pandemic, also known as coronavirus, as a severe sickness brought on by the novel coronavirus, known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly known as 2019-nCoV), which was initially discovered in Wuhan City, China, during an outbreak of respiratory illness cases, (2021).

Pastoral Care: This is the ministry of healing of souls, which consists of acts of kindness performed by representatives of Christians, aimed at healing, sustaining, guiding, and reconciling troubled people whose trauma arise in the context of definitive meanings and concerns, (Clebsch & Jaeckle 1997:17).

Rituals – Are representative gestures done by different societies to represent a particular moment or to assist in finding closure and according to Wolfelt, these symbolic actions assist us to represent a particular moment or aid us in finding meaning,(2005:13). Rituals are portrayed as rites of passage and traditional performances that symbolize a people's passage through life. When properly understood, rituals serve as an expression of people's thoughts, feelings, social structures, and cultural identities, (Baloyi & Makobe0 Rabothata 2013:236).

A Widow: A widow, according to Hornby, is a woman whose spouse has passed away and who has not married again, Hornby 2000:1365).

In this study, the terms "ministers" and "pastoral carer-givers" were used interchangeably to refer to clergy or religious leaders.

Pseudonyms were used to protect the true identities of the study participants.

Contents

CHAPTER ONE: OVERVIEW AND RATIONALE

1.1 Introduction

This chapter serves as an introduction to the study by describing how grieving affects women who lost their spouses as a result of COVID-19. The scourge of COVID -19 left a lot of widows in need of pastoral support and that has become detrimental not only in their lives but also to the communities because of the destructions caused by the lockdown's restrictions in South Africa. This has caused many women to forfeit mourning rites and that has its own aftermath. The widow's story raised questions for the researcher, some of which hopefully have been answered through this research (Dlamini 2016:16). The experiences of widows who lost their spouses to COVID-19 became the background to this study. The chapter then moves on to the following sub-topics: motivation for the study, background to the study, problem statement, significance of the study and definition of key concepts. The purpose of the study is to explore the "lived" experiences of the widows during their period of bereavement. The researcher adopted the qualitative method to verify the facts and literature from both African and Western scholars. Five widows who had recently lost their spouses to COVID-19 and six ministers from the Methodist Church of Southern Africa (MCSA), congregations in the City of Tshwane Metropolitan, were interviewed. The ministers were included to solicit the role, if any; they played in supporting the bereaved widows during the pandemic (Dlamini 2016). The qualitative methodology will assist the researcher in unpacking the problem statement and thereby come develop a healing model which will guide the researcher to pastorally enter the widows' space, to minister to their needs.

1.2 Background of the Study

The researcher serves as a Probationer Deacon in a congregation where one of the members lost her husband due to COVID-19. The trauma that this bereavement brought, has prompted the researcher to engage in this study. Mavis, not her real name, took her husband to the doctor for what they thought was just a normal bout of influenza. The general practitioner gave John treatment and requested that he be tested for the coronavirus, as his symptoms were suspicious of someone who could be having the infection. The doctor contacted John the following day and informed him that he had tested positive for the coronavirus and that he needed to go to the hospital for further management of the virus. Mavis took her husband to the emergency centre of a private hospital in Pretoria. John was examined and admitted to the intensive care unit because the specialist was concerned about his lungs.

Mavis bid her husband goodbye, as she was not allowed to go through to the COVID-19 Intensive Care Unit. She however, spoke to her husband over the phone, as he was still able to do so. At home, Mavis and their three children had to isolate from the community for five days before going for COVID-19 tests as they were in contact with a COVID-19 positive person. Mavis' test for COVID-19 came out positive and the children were negative. This further complicated her situation, as she also had to quarantine from her children. In the meantime, John's condition deteriorated and he was put on life support. This meant that Mavis could not speak to her husband anymore. She relied on feedback from the Doctors and Nurses at the hospital, as she called regularly to check on her husband's condition.

John succumbed to the complications of the coronavirus and he passed on. This was a sudden death and Mavis missed what Kubler-Ross and Kessler, states as anticipatory grief, (2005:2), which is the normal mourning experienced when death is expected. Mary was not there to say goodbye, neither were there any of the ministers from the church to pray with John when his condition was worsening. Mavis could not go to the funeral parlour to identify her late husband's body as she was in quarantine. The funeral was rushed off, as he had to be buried within 72 hours in order to comply with the department of health COVID -19 regulations on funerals. The funeral service of her husband was conducted at home and not in church as is the norm for a Christian family like Mavis'. The coffin was wrapped around with plastic and Mavis only viewed this at the cemetery as the body was not allowed home for the funeral service. Tears were running down Mary's cheeks as she related her story.

The Social Science in Humanitarian Platform, noted that "The importance of having loved ones, and often spiritual leaders, present at death is found across all cultures as this helps those who are left behind in finding closure" (2020). However, there were no church services with singing and sermons to comfort the bereaved and some church members and neighbours stayed away from the funeral not only because of lockdown regulations, but because they feared that, they might also contract the coronavirus. Mavis' only support structure was her sister, Rosemary, who had travelled from the Eastern Cape to be with the family during John's illness. The normal rituals that are followed during a funeral, for instance, prayer meetings at the home of the deceased to support the family, bringing the body home, the night before the funeral and body viewing could not be done because of the restrictions. Radzilani highlights the importance of funeral rituals by stating that "the deceased person is in between the living and the dead, and therefore it is only after the performance of rituals that the dead can join the ancestral world" (2010:66). The pastoral

caregivers from the church contacted Mavis over the phone regularly, but the emptiness was vivid in their home. Mavis had been a very committed member of the “Women’s Manyano”, a Methodist organization for women of prayer whose main purpose is to pray and support each other during good and bad times. However, it was not the case with her because of the restrictions. She lacked this support when she needed it most and that made her resent the church that she had committed to for many years. The researcher felt inadequate as a pastoral caregiver, hence the study.

The following questions came up as the COVID-19 pandemic was ongoing and people continued to lose their loved ones: “How may the church journey pastorally with the bereaved widows during their time of grief, with the restrictions imposed by the government due to the COVID-19 pandemic? Dlamini noted that “Death is a passage to the next life. If the person who dies embarks on a new journey, even the one left behind does the same” (2016:7). It is for this reason that Christ has entrusted the Church with the responsibility for caring for people, just as He did during his ministry. Pastoral care, according to Clebsch and Jaeckle is “helping acts done by representative Christian persons, directed towards healing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in the context of ultimate meanings and concerns” (1964:4). Buffel, who supports this view, defines pastoral care as “that multidimensional ministry of all believers in the church, which is concerned with the wellbeing of all of God’s people, be it as individuals or communities. In this ministry, which occurs in socio-economic, political and cultural contexts, each one is a brother or sister to the other. The all-inclusive ministry of keeping each other or mutually taking care of each other takes the context of the brother or sister into cognisance” (2004:40). If so, the Church will be able to support and lead those who have lost loved ones to COVID-19, towards healing.

Widows who lost their spouses to COVID-19 struggle to find closure due to the lockdown regulations which prevented them from being with their spouses during the period of illness. Additionally, COVID-19 imposed restrictions in conducting socially accepted funeral rituals which normally aid in the grief process. The (MCSA) has been challenged to share more deeply God’s passion for healing and transformation, through their vision; “A Christ healed Africa for the healing of nations” (methodist.org.za). This calls for the ministers to bring healing and sustenance to the bereaved widows. The basis of the church’s bereavement ministry is largely founded on biblical teachings and tradition. According to Magezi, pastoral care makes use of resources that are specific to the Christian religion. (2006:517). Pastoral care will also include supporting the widows through scripture and assisting them in adjusting to the changes in their lives.

1.3 Problem Statement

The plight of widows who lost their spouses to COVID-19 has been given little or no attention in the formulation of pastoral response in church and society at large. Religious and cultural rituals which aid healing and connect the living with the next world seemed to be scanty during the period of lockdown. This has resulted on some widows resenting the church. In their vulnerable situation, how can the church open its doors and hear the painful experiences that the widows went through? Women, in this case widows, would like to tell their stories, to have someone to listen to them, to be understood without being judged. Oduyoye refers to the stories about our joys and sorrows are holy. She adds that sharing these stories makes us helpless, however, without sharing, we cannot create a sense of belonging and solidarity. Our experiences are priceless routes that we have travelled alongside God while battling for access to complete humanity. They are occasions that have allowed us to experience God's blessings of life, (2001:21).

Sharing such experiences would help in the healing process. What are these stories? The stories of widows in our congregations and women's organizations who are leading other women in the church and yet they are going through the pain of losing a spouse due to COVID-19, and the stories of those women who are our neighbours and are grieving in silence. Have they been able to share or tell their stories? The above-shared story and experiences of bereavement in the context of COVID-19 raised many questions that guided this research and assisted in the formulation of a pastoral care model. The questions that guided the research are:

- In what way can the church pastorally care for widows during the COVID-19 pandemic?
- What coping mechanism could assist widows as they grieve their spouses during this period of COVID – 19?

1.4 Aim of the Research

With the above questions in mind, the aim of the study was to explore the "lived experiences" of the widows during their period of bereavement and to further find out available mechanisms or systems of pastoral care in the Church, in order to help and assist them in their experience of pain as well as the healing.

1.5 Objectives

The study objectives were as follows:

•To investigate the challenges faced by the widows who have lost their spouses to COVID-19.

•To propose a healing model that the pastoral care givers in the Methodist Church of Southern Africa might employ when assisting widows who have lost their spouses to COVID-19

1.6 Research gap

Research on the COVID-19 pandemic has already been conducted in the field of human sciences with the focus on “Grief and the COVID-19 Pandemic in Older Adults” (Goveas and Shear 2020), and “How COVID-19 pandemic is changing Africa’s elaborate burial rites, mourning and grieving.” (Omnisi 2020). Though research on bereaved widows has been conducted from both African and Western perspectives, very little study has been done in exploring COVID-19 related bereavement in practical theology. However, authors such as Vundle (2014) researched on “bereavement trauma related to rape and murder”, Matlou (2014) conducted research on “Families of the deceased Clergy”. In her study, “The African Christian woman affected by grief due to the loss of her spouse, Choabi (2016), focused on how African beliefs and cultural practices can negatively influence a widow’s grieving process from a Christian perspective, creating a complicated grieving process. Dlamini (2016) looked at “Bereavement rituals of widows in Swazi culture: a pastoral concern” and focused on problems of prejudice faced by Swazi widows.

Buthelezi and Ngema (2021) researched on widowhood in the COVID-19 pandemic and how the church responded to the needs of those affected. Their argument was that “men grieve too and have also been affected by the COVID-19 pandemic” (Ibid: 1). whilst the researcher does not disagree with this, she argues that the grief process of widows is not the same as that of widows because of the social and patriarchal norms which oppress them. The African widows are considered as chief mourners who have to bear all the mourning rituals, some of which are abusive and this complicates their process of grief. This view is affirmed by (Ajiboye, 2016: Baloyi, 2016; Kapuma, 2018), who adds that, “In many African countries such as Zimbabwe and Tanzania and Malawi, while widowers continue to enjoy life as before the bereavement, women are seen as a symbol of bad luck and have to take back-seats in cars, buses and even in family affairs”. This is supported by Manala, who confirms that bereaved women have a prescribed mourning period and are expected to wear black clothes as a sign of grieving (2015:2).

All the above authors did not research on the impact of COVID-19 pandemic on the bereaved widows. This research will hopefully complete that gap and provide spiritual healing to the souls who are troubled by bereavement due to COVID-19.

1.7 Motivation for the Study

Every culture views death as a defining human experience. Although there may be differences in specific rituals and traditions, all communities value commemorating the loss of a loved one. Funerals and burials serve as symbols of the deceased's links to their social and cultural networks, and in many societies, neglecting to execute them properly can have negative social and spiritual effects on families and communities. With the COVID-19 pandemic, all this has been interrupted, and this has made the process of death and dying complicated and this results in increasing pain, and sorrow for the bereaved widows. According to Waruta and Kinoti (2005), the minister has a responsibility to be present when the people of God are experiencing pain, to assist them towards the restoration of their entirety. The researcher as a Deacon in the Methodist Church agrees with the above statement because she is called to the ministry of word and service, a ministry which serves as the hands and feet of Christ as noted by Luke 22:27 " I am among you as one who serves." Because of this, the researcher decided to conduct this study in order to better understand the plight of the widows.

The restrictions that were placed by government and health authorities because of the pandemic and the absence of pastoral care for the grieving widows had a greater impact on the grief process. It is norm in the South African context that before and after the funeral, both cultural and religious rituals are conducted, which under normal circumstances would aid in the healing processes of the bereavement. The widow's story as outlined in the background to the research, challenged the researcher with questions that this study tries to answer. The restrictions on religious and cultural rituals as well as the absence of pastoral care to widows who lost their spouses to COVID-19 became the foundation for developing the background to this study.

1.8 Justification of the Study

This study comes at a time when the Presiding Bishop of the Methodist Church of Southern Africa, Malinga, has called upon the people called Methodists to "…reimagine healing and transformation" (2019). Thus this study will assist in providing the church with a healing model for bereavement in the context of COVID-19.

The identified population sample, ministers and widows, will provide a balanced insight on the topic under study. There has been very little study done on bereavement due to COVID-19 from a pastoral perspective and particularly with widows. This study will contribute to the existing body of knowledge and the findings will provide those people who are suffering trauma due to COVID-19 with a supportive ministry.

1.9 Preliminary Literature Review

Practical theology has an interdisciplinary approach in its method of research. This means engaging in academic discussion with social sciences like sociology and psychology. The research looked at literature dealing with this topic and other related concepts from various disciplines in order to deduce similarities and differences in approach. The literature on death and dying from Western and African perspectives was critically reviewed; this included the literature on death, grief and rituals. Literature on the COVID-19 pandemic in as far as it related to the process of grief was also reviewed. The literature assisted in directing the research on the arguments already established within the scope of the subject in order to highlight the significance of this research in the light of what had already been done.

The detailed analysis of the available literature is presented in chapter two.

1.10 Research Methodology

This study followed the qualitative study design, in which interviews were conducted with a sample of individuals from the Methodist Church of Southern Africa, in the City of Tshwane Metropolitan. The qualitative study design largely depends on the collection of non-numerical data such as words and pictures (Johnson & Christensen 2014:82). A qualitative research design investigates phenomena in their natural environments and using a variety of techniques to interpret, comprehend and provide meaning for them (Ibid 84). According to Rule and John “In the social science and humanities, researchers investigate domains such as human behavior, thoughts and feelings,” (2011:60). Hogan, Donal and Donnelly further explain that the qualitative study design is “a multifaceted approach that investigates culture, society and behaviour through an analysis of people’s words and actions” (2009:3). The qualitative approach was selected instead of quantitative approach, because the problem being investigated seeks to respond to a phenomenon that could only be addressed by hearing the views of those who have experienced bereavement due to COVID-19. According to Schurink in De Vos, “The qualitative design will do justice in understanding this phenomenon drawing from the perspectives of those involved whereas the quantitative approach will not be able to

answer the deep-seated questions of the phenomenon but will simply provide the general statistics from where one can objectively deduce results and make a conclusion" (1998:242). Creswell (2018) identifies eight key components of a qualitative approach, including participant's meaning, emergent design, reflexivity, natural settings, and the researcher as the primary instrument for data collection, multiple methods, complex reasoning required through inductive and deductive logic, participants' meaning, and holistic account.

The majority of academics concur that the qualitative technique takes place in a natural setting where information is gathered from participants and where the issue being examined is predominant (LeCompte & Schensul 1999; cf. Hatch 2002; Marshall & Rossman 2010). The primary tool for gathering data is the researcher. Although the researchers may employ tools to aid them, such as open-ended questions, they still need to conduct and interpret the interviews. In order to examine the study topic from several perspectives, qualitative researchers employ numerous techniques of data collection rather than just one. These techniques include observation, interviews and literature reviews. With the aid of the participants, the researcher extracts themes from the data during the interpretation process using inductive approaches. Participants' interpretations of the problem are given greater weight than the meaning the researcher assigns

1.11 Research Theories

In order to journey with the widows who lost their spouses to COVID-19 during their bereavement, the researcher utilized Gerkin's theory of shepherding (1997), and this was buttressed by Nick Pollard's Positive Deconstruction model (1997). This allowed the researcher to "enter the vulnerable space" of the widows as they describe the particular realities they faced while grieving the loss of their loved ones.

1.11.1 Shepherding Theory (Gerkin: 1997)

Jenkins identifies four models of pastoral care as follows:

1. The Pastor as a Priest, prophet and wise guide
2. The Pastor as a shepherd of the flock
3. The Pastor as a mediator and reconciler
4. The Pastor as a ritualistic leader

In order to journey with the bereaved widows, this study adopted the model of the pastor as the "shepherd of the flock". Gerkin compares shepherding of God's people to "our ancestors who exercised their authority to empower the people and offer care for those who were neglected by the powerful of their communities" (1997: 81). This model will therefore assist in empowering clergy who will be providing care for the grieving widows in order for them to cope with the trauma of losing their spouses.

According to Kûbler-Ross and Kessler, it may be more difficult to accept that a loved one has physically passed away and acknowledge that this new reality is the only one that exists in the event of a catastrophic loss since the trauma impedes the healing process (2005:25).

The shepherding model will assist with the grief process of the widows during the difficult stages of their loss. The researcher, who is also a practicing professional nurse, has observed that, a COVID-19 diagnosis, losing a loved one in a lonely hospital bed and being unable to go through the bereavement rituals, like being at the bedside to hold the hand of the dying and saying the last goodbyes is traumatic for the remaining family. Vundle affirms that "it is the discipline of pastoral theology that is best suited to investigate and provide answers to the difficult questions that the problem statement raises as trauma related to bereavement is located in practical theology" (2014 :27). The traumatic death due to COVID-19 and the impact this has on the bereaved widows are issues of practical theology and the pastoral response will be provided in a shepherding way. "The depiction of Jesus as the good shepherd who knows his sheep and is known by his sheep, has painted a meaningful, and normative portrait of the pastor of God's people" (Gherkin 1997: 80).This information will be useful in directing the researcher on how to work with the traumatized widows. The shepherding model responds to real life situations by providing imminent guidelines to bereavement following the loss of a spouse to COVID-19. The researcher views this as a way for the liberation of the traumatized widows as well. The role of shepherding the flock will enable the researcher to involve the grieving widows in discussions about their loss, with the hope of releasing their pain and anger brought on by the sudden death of their spouses. In order to buttress Gerkin's model, the author will employ Nick Pollard.

1.11.2 Positive Deconstruction Model (Pollard: 1997)

Pollard (1997) defines "positive deconstruction as a technique or method that is used to assist people to deconstruct (that, is to separate) what they believe in order to look wisely at their faith and analyze it. Misconception is replaced in a positive way by means of

deconstruction (Pollard 1997:44). He recognizes the fact that the person concerned for the salvation of others must be prepared to journey with them. This type of change does not happen overnight. This may be a long journey which will require wisdom, diplomacy, understanding, knowledge, time and effort to be effective. Nick Pollard notes that the process of positive deconstruction contains four components; identifying the underlying worldview of the person being studied, which highlights the values, beliefs and attitudes that are being communicated, analyzing that world view to ascertain what is the fundamental reality confronting the study participant and what the solution will be, affirming the elements of truth in it, in other words, confirming what aspects of the worldview are in agreement with a Christian worldview and discovering its errors, those aspects that are in conflict with a Christian worldview (1997:48). These will guide the widows towards healing and will assist them in expressing their worldviews.

Pollard argues that most people seem oblivious of their worldview, yet this is reflected in their belief and value systems. The way individuals handle challenges and solve problems reveals how they have been oriented without even realizing it, and this has a significant impact on their future conduct. This action can have both harmful and beneficial consequences in a person's life. People's remarks can once again betray their behaviour. However, the individual may know the truth deep down in their conscience, but due to external factors, he or she may wish to act in a certain way. Such behavior might among others, be a result of perceptions drawn from the observations of the world around them or some of their cultural experiences. It is through articulating these worldviews that the widows will be able to identify what they believe is bothering them, break this down and come up with better views on grief. This process will also affirm realities in their current beliefs but also challenge these beliefs until the widows realize the shortcomings (1997:44). The aim of this process is to break down the ideas and attitudes about grief that they have formed due to COVID-19 bereavements and replace these with a new belief system which is made up of parts from their original worldview which hold true meaning about trauma. The researcher will enter the space of the widows through the interview process, with the hope of allowing them to express their experience of grief and guiding them to find ways of dealing with the pain. This process will be conducted in a positive manner so that the researcher is able to understand what the people’s beliefs are. As Pollard states “It is only when the leader is able to comprehend what the world view is, that he or she can start to ask questions” (1997:47).

1.12 Population Sampling

According to Babbie and Mouton, population sampling is “the process of selecting observations” (2001:164). While Creswell states that “qualitative inquiry is not to generalize to a population, but to develop an in-depth exploration of a central phenomenon” (2012: 206). For the purpose of this study, the population that was selected to achieve the objectives of this study were specifically those members who had recently experienced bereavement due to COVID-19. The research was conducted within the Methodist Church of Southern Africa (MCSA), in Pretoria. This location was an easy access point for research as the researcher resides in Pretoria and is familiar with the congregants attending worship services there as well as the context.

Schurink in De Vos upholds this rational by adding that “the qualitative researcher will use purposive sampling methods by identifying access points, settings where subjects could be more easily reached, and selecting especially informative subjects” (1998: 253). Purposive sampling will assist the researcher to select individuals that can provide the needed information that will assist in understanding the case, responding to the research questions, and addressing the purpose of the research (Johnson and Christensen, 2014:364). As the researcher is ministering in the Pretoria Central Circuit, it was easy for her to identify widows who had lost their spouses to COVID-19 as this information was available at their congregations through the church leadership. Access to the study participants was also easy due to the proximity of the researcher to the congregations in Pretoria.

The qualitative sampling was directed at either confirming or disclaiming the researcher’s understanding of the phenomenon which was based on the assumption that the COVID-19 pandemic had complicated the process of grieving and in the absence of pastoral care for the bereaved, the pain lingers on. The researcher was mindful that this selected model may change as more insight unfolds which might require that the sample be redefined continuously (Schurink in De Vos: 1988:254). Five widows, who had lost spouses to COVID-19, and six ministers in the MCSA congregations in Pretoria, were interviewed.

1.13 Data Collection

Data in this study were collected from participants who were members of the Methodist Church of Southern Africa and worshiping in Pretoria under the Limpopo synod. Both widows and clergy from the identified (MCSA) congregations in Pretoria were interviewed by the researcher using an interview guide. The widows were invited to narrate the experiences of their loss as well as the mourning period. The purpose of the questions

was to facilitate useful conversation which led to determining the trauma the widows went through as well as to identify the gaps in the pastoral support offered by the church.

1.13.1 Interviews

Best explains that; “The interview is one of the most popular methods of data collection. Simply expressed, this is because in everyday life one of the most common ways of getting people to give us information is to ask them for it” (2012:75). The researcher interviewed participants that is the widows, to share their bereavement experience in the context of COVID-19 as well as clergy who shared the pastoral support that was provided to the widows during their period of loss. Unstructured and semi-structured questions were used. The unstructured questions assisted the participants to share their experiences freely, even on sensitive matters. Where the researcher was unable to get the required information, semi-structured questions were used to help the participants give more information. “Semi-structured interviews combine planned and tightly defined questions with more free flowing ones, allowing a greater degree of spontaneity and some flexibility for the interviewee to raise issues themselves” (Burnett, 2009:162).

1.13.2 Data Analysis

As the methodology of the study was qualitative, the data were analyzed thematically. Throughout the process, the researcher explored the meaning of key words used in the collected data and also carried out literature control. Palmer confirmed that “By reviewing literature the researcher hopes to come out with deeper understanding of the key phrases... as defined from different cultural perspectives, different fields of study such as psychology, sociology and anthropology” (2014:20), to name a few. The present study was enhanced mainly by sociology and psychology. The study questions were used in grouping responses and to look for similarities and differences. By analyzing stories and the ways in which they were told, the researcher unpacked the ways in which the story-tellers dealt with, coped with and made sense of reality. Key points that came from the interviews were summarized into themes.

1.14 Research Constraints and Limitations of Scope

The study is limited and delimited to the congregations of the (MCSA) in Pretoria and may not necessarily constitute generalized phenomena of other churches in South Africa in particular or Christianity in general. This means that the experiences of the other widows in the remaining circuits in the synod were not investigated. The researcher was self-

funded and therefore data were collected only once instead of repeating as guided by data validation outcomes as recommended in qualitative study.

1.15 Chapter Content Outline

The dissertation follows the structured seven-chapter approach. The content of the chapters and their structure are as follows:

Chapter One: Introduction – introduces the research, scope of the research, and background to the research. It includes a brief outline of justification of the research, the research problem and question, methodology, and the framework of the research.

Chapter Two: - Literature Review (Theoretical Framework) analyses extant literature from Western and African writers on bereavement and COVID-19 and what new views this research will bring to light.

Chapter Three: Methodology - outlines the selected research paradigm and methodology used in this research, which will outline the theory, the model and research design. Sampling, ethical issues, data collection and analysis will also be included in this chapter. .

Chapter Four: - focuses on discussing the impact of the COVID-19 pandemic on bereavements and how this affects the grief process, in detail.

Chapter Five: - The Interviews will deal with qualitative data collection from the widows who have lost their spouses to COVID-19 and the pastoral care givers.

Chapter Six: - Integration and Therapeutic models- will explore and develop a therapeutic and caring model for the bereaved widows.

Chapter Seven: - Conclusions & Recommendations - final chapter concludes the research by providing the findings, recommendations and closing remarks. Research significance and limitations will also be highlighted in this chapter.

1.16 PRELIMINARY CONCLUSION

This chapter laid the foundation for the study. This research was guided by the queries that were developed in response to the research problem and research gap. The rationale for doing the research as well as definitions of important terms relevant to this study have also been provided. Finally, the pastoral care models and methodology, ethics and limitations of the study are explained. The following chapter, will concentrate on a literature review in order to explore or the issues experienced by widows.

CHAPTER 2: LITERATURE REVIEW

2.1 CHAPTER OVERVIEW

Chapter one introduced the scope and background of the study, a brief outline of research justification, the problem statement, methodology and research framework. The story of a widow who lost her husband to COVID-19 was presented together with the experiences that she went through because of the lockdown regulations which limited the needed pastoral care and funeral rituals which would have assisted her with the healing process. This prompted the need to conduct research in the areas of pastoral care with the bereaved widows who had lost their spouses to COVID-19. The widow's story raised thoughtful inquiries which the study investigated in order to probe the church's response to bereaved widows in the midst of COVID-19. This chapter analyses the extant literature on bereaved widows from both Western and African writers, and what new angle this research is proposing. The study examines the literature on the following sub-themes in light of the literature that is currently available: death, bereavement, the effect of death on various cultures, death and rituals.

2.2 Death and bereavement as pastoral care challenges

Loss of loved ones and grief are difficult pastoral concerns. Death is inevitable, but it nevertheless causes sorrow for persons who are dying, their families, friends, and everyone else who is close to them, (Shikwati, Magezi, & Letsosa :2013:1). For those that remain, understanding and making sense of death, regardless of how and when it happens, is difficult, (Van Lierop 1991:130). The researcher acknowledges that death is part of life as affirmed by scripture in Ecclesiastes 3:2a, however, journeying through the pain of loss until one finds actual meaning, is hard and this makes it difficult to accept death. The pain caused by death of a loved one may even impair our judgment and subsequently obstruct our way of finding meaning in death. As a woman of the cloth, she adds that in her experience with the church, death is not seen as an expected norm, there are organised programs to prepare people for marriage, baptism and being received into full membership of the church, but there is no formal program to prepare individuals for death. Even in the case where a person was diagnosed with a terminal illness and death is imminent, the researcher experienced the family members painfully crying when the was body of the deceased was brought home the night before the burial and on the funeral day, when the coffin was lowered. In marriage, husband and wife become one, for the widow, losing a spouse then means losing a part of herself. This means that the death of

a husband should not be taken lightly because of the problems that are experienced by the widow thereafter.

According to Rowland, “Becoming a widow is possibly the most painfully difficult thing one can ever undertake in life. Firstly, it is never a choice one makes…It is a situation that is forcefully imposed on one”, (2016:4). The researcher agrees with this writer as she is reminded of the formalities of marriage. Both husband and wife utter words which imply that nothing will separate them except death “Till death do us part”. These words seem to be used as a tradition and are never taken seriously because until when death strikes, then the pain is intense. According to Kapuma, there is a belief in Africa that a woman is honoured through marriage. The community respects married women. Following the death of her spouse, her dignity is lost and the widow becomes an ordinary woman, (2018: 2). This experience is not easy, one needs support during this difficult time of loss.

Death's ravages are undeniable, regardless of how or when it occurs. Certain interventions, like having family and friends around to support the bereaved or knowing that the person who died was suffering from their illness, might lessen the sorrow of mourning, but it is never completely gone. Manchester emphasizes that "Everyone needs to deal with grief in some way" (2006:5). Grief, as it relates to death is referred to as bereavement. Whether one has come to terms with it and is eventually finding a way to pick up the pieces and move on or they are still struggling to accept the loss, grief necessitates the need for healing and restoration. For a woman who has lost her husband, there is a lot of memories in the family household that keeps coming up and opening the wounds of loss. Simply cooking a meal which was the husband’s favourite or going on holiday to the family home alone for the first time after the loss gives one a sense of emptiness. Healing and restoration when faced with grief is therefore a process that requires pastoral support.

2.2.1 Defining Bereavement

Grief, according to Louw, is a crisis of irreparable loss and the sensation of helplessness as a result of the amputation of love, (2007:508) The words "separation" and "amputation" as mentioned by Louw brings to the mind of the researcher the death of a spouse as a the researcher to person who has had their arm or leg surgically removed following a crush injury. There will be a scar on where the limb was. The scar from an amputation hurts a person just as much as losing a limb does.

Louw defines grief as “crisis of irreversible loss and the feeling of powerlessness as a result of amputation of love,” (1994:179). He further argues that “Grief thus is a reaction of separation,” (1994:179). Louw talks of the terms: “separation” and “amputation”. These terms make the researcher to think of the death of a spouse as a branch falling off a tree following strong winds. The tree will be left with a scar. To a human being, the scar of amputation is as painful as when a limb is removed.

The researcher believes that for the widows, losing a spouse to COVID-19 is like the amputation of love, as they are left with painful experiences of the loss. For most widows who lost their spouses during the COVID-19 pandemic, it has not been easy to share these painful experiences with others to give voice to the hidden as a way of healing. Streaky & Edward Wimberly refer to this process as unmasking and adds that It is crucial to have a safe space where people can experience catharsis,(2007:43), which are opportunities when the widows are given a chance to express what requires to be freed as well as give voice to those issues which call for the attention of others for healing to take place. Physical contact, from family and the community including the church, was limited due to the COVID-19 safety regulations. The widows had people around on the day of the burial and immediately thereafter, they were left on their own. The church that normally follows up days later to support the bereaved family and thereby give them an opportunity to tell their story was also not there.

Miller and Jackson claim that the emotional anguish of bereavement begins when a loss is expected, such as when a terminal illness is diagnosed, and continues through the period of the actual death (1995:225). In the case of the bereaved widows under study, this process began from the time their spouses were diagnosed with the deadly coronavirus virus to the time they passed on and all the pain and suffering before and after burial. What worsens the situation is that some survivors frequently suffer from significant morbidity and are acutely aware of their own mortality too. Alexander laments, "Death makes us question the meaning of life itself,” (1993:9). When confronted with the death of a loved one, someone would ask the following questions: “What is the point of life? We had plans, she/he did good things, but then she/he just died and it’s all over. Is it then worth living?” For the widows who lost their spouses to COVID-19, they may feel deserted by God and ask questions like “Why did God not do something about the situation?” As result, death can cause personal, interpersonal, and social strife. Sefatsa noted that, a

family is a social system that depends on its members and involves tight interactions between them. While dealing with her own pain and needs, the surviving spouse strives to console her children and attend to their daily requirements (2020:32).

As noted by Manyeni, some African widows are blamed by the communities, which include their in-laws, for killing their husbands (2001:137). This therefore creates conflict between the bereaved widows and the family's husband and in most cases the tension that is brought on by these discussions causes more pain on the widows. Christian widows sometimes find themselves caught between religious and cultural rituals as they mourn the loss of a husband. They frequently feel bad about being unfairly judged because they struggle to choose the right reactions to their traumatic experiences. (Shikwati, Magezi & Letŝosa 2013:3), especially when it is required of them to consult the ancestors. Choabi in her study on the African Christian woman affected by grief due to loss of her spouse highlights the challenges which are faced by the Christian woman, who, though brought up in a traditional setting, finds it difficult to practice culture after becoming a Christian, especially when it goes against the Bible, (2014:24).

Clearly, bereavement has an impact on people's well-being and consequently need recovery. Death from COVID-19 is often sudden and this worsens the situation because it does not prepare those remaining for the loss. Kubler-Ross & Kessler noted that, anticipating a loss is a crucial element of feeling that loss. The writers further argues that though we frequently imagine it as a stage in the grieving process our loved ones go through as they prepare for their own demise, anticipation marks the start of the grieving process for those who will endure the loss of a loved one (2005:4).The researcher acknowledges the importance of anticipatory grief as this provides the family with an opportunity to reconcile differences and get closure. For both the sick family member and their loved ones, it presents a chance to bid farewell. It is also an opportunity for the church to journey with both the dying and the family, in preparing them for the loss, and this makes it easy for the clergy to support the bereaved family members in the face of death.

2.2.2 Understanding the reality of Loss

Even when the deceased was suffering from a terminal disease, it can be difficult to comprehend the reality of loss. This is especially true when the death is unexpected and a loved one is left to die alone, as was seen in the COVID-19 imposed regulations, (Goveas & Shear 2020:1121). According to Matlou, death-related losses involve the breaking of relationships and affect or bring about a wide range of changes on life, (2014:37).

“Death-related losses entail the breaking of relationships, and they impact or change life in numerous ways,” (2014:37). Kiisane & Bloch argue that “The loss of a family member whose position was emotionally or financially significant would be more upsetting, followed by greater family disturbance, than the loss of a comparatively neutral member,” (2002:21). The researcher is of the opinion that, for the widows under study, death a spouse may imply the loss of a life companion, sexual partner, and loss of hopes and dreams that they had together. For some, the husband was the sole breadwinner and provider for the family. The bereaved widow assumes a new identity, where she was known as “Christopher’s” wife, woman or mother, her status changes to a widow. Similarly, under these circumstances, the process of grief becomes more complicated as one keeps reminded of the roles the spouse occupied daily. Mhlabane adds “When the death of a spouse opens up too many losses, it says that the grieving process will also be severe pending the intensity of the loss”, (2017:91). Hence the need for the church to step in immediately and journey with the bereaved.

In summing up the reality of loss, the researcher agrees that death affects individuals in different ways and as such, each one’s reaction to death is not the same. She lost her mother in Zimbabwe but rushed through the mourning period as she was too busy with the funeral arrangements. She had to return to Pretoria and was alone during her period of grief and tried to be strong. The pain of loss came back to haunt her eight years later when she attended the funeral of a congregation member, and she had a nervous breakdown. The scripture from Ecclesiastes 9:5 reminds us of the inescapability of death, “For the living know that they will die…” Hence every funeral is a blunt reminder of our own mortality. “Death is everywhere,” (Bame1994:9). Even while we all know that death will come without warning one day, the impact of these social and relational changes is unimaginable. For most of the MCSA congregation members, Pretoria is home away from home. They are here for work purposes but have homes and families in other provinces, like the Eastern Cape, Limpopo, Kwa-Zulu Natal, to name a few. When faced with the loss of a spouse, the widows are left with no close family support except for the church. The lack of obvious support system from either the church or community may result in significant sorrow.

The section that follows will look at the impact of death across cultures. This will help us understand the need for pastoral care with the bereaved widows in the context of COVID-19.

2.3 Cross-cultural perspectives of death and bereavement

The study will explore the impact of death from the Western and African Christian perspectives. "Death is a common human experience, (Makgahlela 2016:1). Makgahlela adds that though eventually, death comes to everybody, this is met with fear especially by the dying person, close family members, friends and acquaintances (Ibid). Biwul, describes death as a common occurrence which operates as a merciless enemy of humankind, (1978:1). Even though death is an inevitable and expected part of life, Radzilani adds that, it is one of the events that seems to have an unfavourable effects on those left behind. The death of a loved one can trigger difficult emotions, views, and behavioural changes that are difficult to comprehend, (2010:1).The researcher is of the view that the fact that families invest in funeral policies is reason enough to assume that they will die one day, however when death arrives, there is pain and sorrow which is associated with the separation. In the above descriptions, death is personified. Death is perceived as ruthlessly ripping a loved one away from his or her family, similar to an adversary who comes to harm and destroy. When a spouse dies, the family is left unsettled and unstable in a society where a family is defined as consisting of a husband, wife, and children. When this disruption to daily life occurs, people respond in a variety of ways, (2010:54).

The response to death, however, is not the same for everyone due to diverse religious and cultural practices. The practice of grief rituals is one of the coping strategies for handling the devastating occurrence of a husband's death. The majority of traditional Africans, follow set cultural practices for carrying out these rites. Rituals for grieving were typically not to be performed under negotiation. It was accepted that they were a part of the mourning process and that everyone would adhere to the cultural norms, (Radzilani 2010:1).The researcher, as a woman, agrees with Radzilani because women have no voice in the patriarchal African culture. This is confirmed by Oduyeyo & Kanyoro who noted that the perception among Africans is that they belong to a patriarchal society in which men have authority over women and this is affirmed by the cultural beliefs which repeatedly favours men, (2005:10). Kapuma adds that immediately following the loss of a spouse, the widow is expected to follow the societal customs specific to the family, and, this is not expected of the widows from the West. They do not adhere to established cultural customs, (2018:22).

Every community around the world reacts differently to death and sorrow. As such, there are different bereavement rituals and ceremonies which are specific to each culture, (Stephens 2014:263). Even the process of disposing of a body may differ between cultures and communities of faith (Biwul 1978:1). However, the effect of death is the same. Though the researcher agrees with the above, she is aware of the challenges posed by the COVID-19 pandemic on the families who lost their loved ones during this time. Most had no choice in how they responded to the loss as they had prescribed timelines to bury their loved ones. For some widows, cremation became the only possible option to dispose of the bodies of their spouses because the undertakers were under tremendous pressure due to many bodies in the mortuaries. There are different perspectives on the grieving process, (Mokhutso 2019:29), but the researcher chose the ones presented in the next section for the sake of this study to understand the impact of bereavement on the widows who experienced loss of their spouses. The section that follows discusses the significance of death and dying from the Christian, Western and African perspectives.

2.3.1 Death and bereavement from a Christian perspective

From a theological standpoint, death is described by Keating, as the moment when the person's body is detached from their soul, (2002:2). Keating adds that, death is not the end of life but rather, a shift from one form of existence to another, (2002:5). Mokutso sites judgement of every person, according to conduct and relationship with God, through Jesus Christ when they are one day raised from the dead. This life, death, and resurrection of Jesus Christ form the foundation of Christian doctrine regarding death, (2019:20). Scripture reminds us that , even though what we will become as God's children has not yet materialized, we are aware that when he does, we will resemble him because we will see him for who he truly is, (1 John 3:2). Simply put, this means that individuals who live their lives in Christ will someday rise to life with him, (Mokutso 2019:20).The resurrection of Jesus performs an additional purpose within Christian theology for Christians. It grounds and supports the Christian hope. It provides the Christian prospect of eternal life with both foundation and substance on an eschatological level, (McGrath 2001:404).

2.3.2 Death and bereavement from the Western perspective

According to Filippo, death is often feared or ignored in the modern Western societies. The changes in lifestyles and improved medical science have depersonalized death and made it a defilement on life instead of part of life. This has left many people unprepared to deal

with death when it touches their lives," (2006:2). Death is usually not a subject of discussion in our families as a result, when it eventuality arrives it leaves many families in emotional disarray.

From the Euro-American viewpoint, life is considered as being made up of separate stages, commencing with one being conceived and ending with death. Thus, death signifies the end of life. The dead individual completely stops existing after passing away (Baloyi & Makobe-Rabothata 2014:235). In contrast, an African worldview sees death as a part of a continuous, integrated process of life development that is inextricably linked to both the visible and invisible ontologies. When a person dies physically, their existence does not end; instead, they transcend to the spiritual realm and join the community of the living dead, (Mbiti, 1990, Ramose, 2002a and Bujo, 1998). By reminding us that we pass into heaven when we die, Motsei (2004) emphasises the inter-connectedness of the spiritual world. The Setswana phrase, "*legodimo le mo lefatsheng*", or "heaven is here on earth," emphasises the connection and connectivity of the two ontologies. These contrasting worldviews on death may intensify the grief or facilitate the healing process. The knowledge that one will not see nor interact with the deceased worsens the sorrow. In contrast, the belief that the dead still leave on brings healing to some people.

The researcher as a Zimbabwean identifies with the concept of the dead transcending to the spiritual world as in her Shona culture there is a special ritual that takes place a year after the death of an individual, "*kurova guva*", (literally translated- beating the grave), a ceremony that is conducted to bring home the spirit of the deceased. If this is not done, it is believed that the surviving family members do not get peace as the spirit of the dead will be wondering aimlessly. Similarly, the belief of an afterlife is noted by Mhlabane among the Xhosa people in South Africa, who have a ritual known as "*Umkhapho,*" (accompaniment), which is held to make it easier for the departed to go to the afterlife, (2017:74).

According to Rosenblatt and Nkosi, there are traditional methods of helping the mourning people that are just as deeply ingrained in culture, (2007:67-88). They provide a variety of viewpoints on the Western conception of bereavement. These will be discussed below:

1. The first step in dealing with grief is to talk about it. Westerners discuss the departed and their emotions. The realities that will be discussed when people talk about death are pointed out and shaped by death rituals, such as eulogies and ritual laments, (Rosenblatt & Nkosi 2007: 67-88). Alembi admits that these performances are helpful ways to let out

suppressed sentiments that may certainly be detrimental to the well-being of the bereaved because mourning is characterized by intense emotions, (2002:103).

2. The Western Society is individualistic therefore grieving becomes a personal experience. Grieving is viewed as an individual effort and therefore the grief counselling is centred on the individual, (Rosenblatt & Nkosi 2007:67-88). Leaman notes that in the Western perspective, the body of the deceased is disposed of much quicker, with smaller gatherings and the bereaved friends and relatives will be expected to get back to normal life sooner, (1995:2). On grieving among the Westerners, Mhlabane adds “It is unlike an African perspective where the society mourns the death of their own member of the society,” (2017: 71). African cultures view death and funerals differently from Western cultures, which view is as a private family matter. As a result, in most parts of Africa, including South Africa, funerals, particularly those of the elderly, are a big social event attended by a large number of people (Hendricks 2004:162), and this posed a pastoral challenge in the context of COVID-19. In March 2020, South African President Cyril Ramaphosa, in response to the COVID-19 pandemic, declared a countrywide lockdown, during a “family” meeting which was broadcast on the national television stations. This shutdown came with a lot of restrictions designed to slow down the spread of the deadly virus, including bans on religious and social gatherings. Restrictions on funeral gatherings were much tighter as only fifty people were allowed.

3. In Western culture, the mood can suddenly change from grief to joy. Mourning is not structured in the same way that it is in the African societies where the bereaved may be forced to grieve for longer periods, ranging from months to a year. This mourning period is determined based on relationship of the deceased to the chief mourner and whether the deceased was a man or woman, (Rosenblatt & Nkosi 2007:67-88).

From the above arguments, the researcher is of the opinion that the Western perspective of death and bereavement focusses on the individual and not necessarily take into consideration the community’s contributions to facilitating healing in the bereaved. Though talking about the loss and letting out one’s feelings will assist with the healing process, this will not come easy without support, and hence the need for pastoral support this research is looking at. It is for this reason that the researcher will adopt the African worldview when it comes to journeying with the widows who have lost their spouses to COVID-19. This will be discussed in the section that follows.

2.3.3 Death and bereavement from the African perspective

According to Van Zyl, an Old and New Testament, scholar, death is one of the most significant life events in Africa. It is an occasion for the deceased to transition to a new way of life. The passing of a fellow community member opens- the way for sharing and caring. Which deepens Ubuntu for those still alive. Regardless of their differences, the members of the community, including the church, come together at this difficult time to support the bereaved family and provide them with spiritual, physical and emotional support, (2009:175). Baloyi believes that the fact that Africans are not deterred by the travel time needed to attend a family member's funeral underscores this aspect of death that unites Africans. Traditional funeral rituals have emerged during this time to aid the bereaved and to guide them into a better life in the hereafter, (2014:1).

Some scholars note that death is a dreaded topic for the living in African societies. As a result, little is done to prepare people for death (Nürnberger 2007:24; Van Zyl, 2009:175). As a result, the researcher believes that death is regarded as a loss of life and most serious subject that anyone would want to talk about. According to Nürnberger, "Death of an individual, with the exception of the elderly, always provokes obvious lamentations, painful separation of those affected, and prolonged sorrow," (2007:24). Gehman adds "Death is perceived as an enemy, a stealing of life, and something that cruelly takes away a person", (2005:77). This was the experience of most family members who lost their loved ones to COVID-19. Mavis' husband went to the hospital for what seemed like a minor ailment, he was still able to talk to her over the phone whilst in hospital, but death overpowered him and took him away from his family.

Similar, to Mavis' experience, many who experience death of a loved one are never prepared for it. Nyirongo adds that "Death is an unnatural and painful experience for all human beings. It is an undesirable and painful event that should be expressed through the community's grief, particularly among close family," (1997:79).

2.4 Causes of death

Africans are of the view that death is brought on witchcraft, evil spirits, and a bad omen in the family and in some instances, particularly among the elderly, due to natural causes. (Matlou 2014:42). Coming from a Shona culture in Zimbabwe, the researcher was exposed to the belief that death was always caused by somebody, or some evil spirit, even when a person had died of a known medical cause, as in COVID-19. Traditionally, in Shona, family members of the deceased visit a traditional healer "*n'anga"* to find the reason behind the death of their relative and this is known as "*kurova kugata*". *Kurova gata* supports the belief that death is always caused by something hence it is important for the

remaining members to find a solution to the cause before it wipes the whole family. Similarly, this is also noted among the Tshivenda speaking people in South Africa, who consult a "*sangoma*", a traditional healer, to find the cause of death as they believe that death is caused by someone close to the family, (Radzilani 2010:41). Matlou further notes how his family's refusal to express gratitude to their ancestors by slaughtering a black cow was believed to be the cause of his father's death, (2014:43). Death from COVID-19 complications is regarded as natural death because the cause is known by medical practitioners. However, with the restrictions on hospital visits, family meetings with the doctors were not always possible. The wife became the source of information on the husband's condition and progress to the rest of the family. This feedback could be objective depending on the nursing staff member who was giving it at the time. Some people who died from COVID-19 related complications, were normally healthy individuals and most families found it difficult to accept that they had died.

In most cases, in the African community, the widow would be blamed for the death of her spouse, and this makes the grief process intense and unmanageable in the absence of pastoral support. In as much as each culture has its own standards, thoughts, views and observed practices when it comes to death, regarding death, Manyedi emphasizes that if the widow had been raised in a society that embraces and respects death as a normal part of completing the life cycle that God created, coping with the death of the spouse could have been easier, (2002:33, 46).

Africans view death as the moment the soul departs from the body to become a spirit. According to Mbiti, in African people, death is understood as a time when the soul leaves the body to become a spirit. Mbiti adds that to African beliefs, "death came almost by mistake, and that since then it has remained among men. The blame is laid among people themselves, animals and in some cases spirits or monsters", (1991:117). Mbiti correctly pointed out that physical reasons of death are insufficient for African people, "It is not sufficient to know merely the physical reasons of death; people frequently seek to know both the physical and spiritual causes of death", (1991:118).

Death, according to Baloyi & Makobe-Rabothata, is a "transition from the visible to the unseen ontology where the spirit, the essence of the individual is not destroyed but moves to live in the spirit ancestors' world", (2013:1). At this point in the journey of Africans, rituals are extremely important for that change to fully take place, and in the African culture, this is a process that is taken very seriously for transition to take place. According to Mbiti, "The living do not want to offend them, either by failing to fulfil any commitments owed to

them or by acting in a way that is opposed to the pattern of life that had been acceptable to them," (1993:185), or there will be dreadful consequences. In the case of bereavement due to COVID-19, the families were deprived of these rituals as they were no gatherings allowed for fear of spreading the virus. The time limit that was given between death and burial of a victim of the coronavirus was very short, 72 hours, and this further made it difficult for the bereaved to carry out the funeral in a way that was "acceptable" to the bereaved family. Though some churches tried to improvise and have virtual memorial services and funerals, this did not come close to the ministry of presence that the community of faith normally provides to bereaved members.

Baloyi & Makobe-Rabothata (2013:236 quoted from Ramose), note that "Africans do not regard death and life as two separate phases; instead, there is a harmonious and interdependent coexistence between the two life forces", (2002). Baloyi & Makobe-Rabothata further add that, this is the reason why when Africans perform rituals by the grave side communicate with the living dead as 'I am talking to my father or mother, and not the spirit or body of my dead father or mother'. This is a clear example that the living dead are regarded as realistically incarnate with and among the living and having an influence on them, (2013:236). Kgatla further states that "Death does not result in the annihilation of the individual and his/her identity, but in graduating to another form of life", (2014:81). Radzilani states that "for the traditional African, death appears to represent a transformation from the 'flesh' world to the ancestral spiritual world", (2010:45). The researcher comes from a traditional African family and has experienced elders in her family honouring the dead and communicating to them as if they were still living.

Death has varying degrees of significance in the African worldview. It is believed that the death of a woman or child is treated differently than the death of a married man. In the event of the death of a male head of the family, a male beast would be slaughtered (Bodibe 1993). The wife of the deceased becomes the chief mourner and sits on a bare mattress for the whole period of mourning (Mojapelo-Bakta 2013:3). Njoroge argues that society and the church give the impression that it is only women who have the ability to express their pain through weeping. Women are said to be too emotive and therefore easily cry, while men are brought up to believe that crying is a betrayal of their manhood. So weeping has been underestimated, and church and society alike have lost the chance to listen to the many voices expressed in tears and deep sighs too painful for words (1997:428). The African widow has a prescribed mourning period ranging from six to twelve months and wears black clothes which signifies her mourning. Widowers are also expected to mourn their late wives but their rituals are less demanding. They usually put on a jacket and on

the day of the funeral a black band can be pinned around the arm of the jacket for a short period, but it is not compulsory (Choabi 2016:36). In the family, a married man is a symbol of authority, especially if he was a respected community leader. As such. The funeral will not be a simple one. That is why, according to Owen, “The death of a husband has particular significance for all women since it marks not only the loss of a partner, protector, and breadwinner, but also a drastic change in her social standing and lifestyle,” (1996:7).

These rituals related with identifying the cause of death were meant to assist the bereaved family to deal well with the loss of a family member. It is through identifying these causes of death that one’s experiences, reactions and coping with death are informed. Belief in such causes of death also informs the rituals that the family and community will perform.

The section that follows deals with the impact that death has on the community and the role that the community plays in supporting the bereaved. This understanding will assist in identifying the gap that was created by the COVID-19 pandemic on the needed community support by the bereaved widows.

2.5 Death and the Community

Death has an impact on the entire community, thus anybody attending the funeral must act responsibly (Nyirongo, 1997:81). The grieving family's community is typically split into four categories or groups: the church, relatives, neighbours, and friends. Everyone has a vital role to perform. The church provides spiritual assistance daily by organizing prayer services until the burial. Friends comfort and provide emotional support and food to the family. During the period of bereavement neighbours and friends open their houses to the people who have come to pay their last respect. In most instance, an affectionate relationship exists between people in the neighbourhood of the bereaved family. One must be seen to care about other people’s pain. Neighbours will spend days with the bereaved, taking care of their needs, cooking, welcoming mourners and even offering a place to sleep to those who have come from far. They support the family with daily tasks such as cooking and by bringing any equipment and utensils required for the funeral (Choabi 2016:23). The researcher agrees with the fact that death affects the whole community because God created human beings to be in relationship with each other. This is seen in the Zulu phrase “umunthu ngumuntu ngabantu”, which literally means that a person is a person through other people. Mucherera further adds “Africans believe that humans were created to be in relationship not only with God but also with each other as well. Thereby hope is encountered from two fronts: primarily from God, who created humanity to be in relationship with Him and likewise from one another’s relationship” (2009:76-77). The

researcher is of the opinion that, the fact that death brings pain and sorrow to families, requires people to attend funerals in order to comfort the bereaved and encourage them to accept the sad reality of death.

Nkosi-Khatini & White noted that “Scientific observations of the spread of COVID-19 pandemic have shown that burial rituals and funerals are among super spreader of the deadly coronavirus”. This has taken away the role of the community in supporting the bereaved families. The ceremony around dying, according to Baloyi serves to bring African people together. “For the entire community in which the deceased lived, an African funeral is a huge social event,” (2014:1). Even those who were not particularly close to the deceased come together, whether the deceased was a Christian or not.

The concept of the extended family is predominant in African society. People have always been there for each other. This has been acknowledged by Mbiti who observes that Africans traditionally lived only in corporate existence, “I am because we are, and because we are, I am,” (1971:32). This strengthened the concept of communality, sharing happiness, sorrow, and guilt together. This spirit was demonstrated in all rites of passage including death. There were cultural norms, regulations, and attitudes which prevailed during death. Every member of a community knew exactly what role to perform. Culture described what men, women, children, and relatives were to do at the time of death of a member of the concerned family, and thereafter. For example, when a woman was bereaved, it was the duty of the extended family to ensure that she was provided with the physical and emotional support that ensured the continuity of the family. Regardless of their distance, the majority of relatives would go to pay their respects to the deceased and help the grieving family emotionally. In order for distant relatives to attend and pay their last respects in a respectful manner, funerals may occasionally be postponed to a later date, (Nkhosa-Khatini & White 2021:3).

With the COVID-19 pandemic, the support to the bereaved widows by the community was absent because gatherings were only limited to family and most people feared for their health and rather chose to stay away from a COVID-19 related death leaving the bereaved to experience the trauma of loss on their own. In some instances, even family members could not attend the funerals of their loved ones, especially those who were overseas because international travel was not permitted. Though this is understandable because of the conditions caused by the COVID-19 pandemic, the researcher is of the opinion that there was need to support the bereaved families.

2.6 Death and rituals

Though African cultures are diverse, there are many commonalities with regard to funeral rituals and practices and South Africa is no different. There are different sub-cultures in South Africa, the Batswana, Vhavenda, Tsongas, Zulus, Ndebeles, Xhosas and Ba Sotho, each dealing differently with bereavement and mourning rituals. Rituals are representation of cultural performances and rites of passage which mark people's life experience. Properly construed, rituals are an expression of people's thoughts, emotions, social organization and cultural identities. They are therefore regarded as viable scientific methods of connections and dialogue. Baloyi suggests that rituals are forms of expressions and connections performed by individuals, groups of people or communities in communication with the living-dead and the Supreme Being (2008). Kyalo notes that "Rituals have a huge significance to African people because they enable us to maintain continuity with significant persons and events from the past. Rituals help us individually and communally to make sense of life's transition, providing some structure to ease movement from the familiar to the unknown" 2013: 35-36).

Kgatla affirms the purpose of bereavement rituals, from the Northern Sotho perspective as "being varied, and that they fulfil religious obligations as well as emotional needs, strengthen social bonds, demonstrate respect or submission, enable people to obtain social acceptance or approval and cleanse them from contamination", (2014:18). For Christians, mourning involves family and friends who gather at the home of the bereaved to console them and pay their last respects. Prayers, hymns and readings from the Bible are shared as part of the mourning worship services. People who attend funerals typically dress in black as a gesture of sadness and to provide validation that they are really grieving the loss of a loved one, (Radzilani 2010:44).

Many of the sources reviewed highlight the pain and stress to which African widows are subjected through the funeral rituals and practices, and only an insignificant minority of the sources defends the ill treatment of widows entrenched in traditional African widowhood rites. Among the Gbi-Ewe in Ghana, soon after the death of her spouse, a widow is considered as unclean and could likely contaminate herself and others. For this reason, she is expected to observe certain rituals such as not bathing, eating, and shaking hands in public, before her husband is buried. Shaving of hair is considered an important cultural ritual. These rituals portray a sorrowful wife who feels pain about the death of a loving and supportive husband (Amlor & Owusu 2016: 73-75). The practice of head shaving is almost the same amongst many other people of Africa, for instance the Igbo of Nigeria, the Zulus of South Africa (both in rural KwaZulu-Natal and urban Soweto), as well as the Bapedi of

Phokwane and many other villages (Nowye 2005:152; Pauw 1990:79; Rosenblatt & Nkosi 2007:78). This is how rituals prepare the family for mourning the death of a member of the family.

One positive effect of bereavement rituals and practices mentioned by Makatu *et al* is healing: “Since death has a negative impact on the remaining persons’ lives, rituals are considered to have therapeutic value that assists the griever in moving on with her life”, (2008:573). This is confirmed by Nowye, quoting Rosenblatt, who suggested that “Prescriptions through customs may be more effective than prescriptions for individual cases who happen to encounter professional advice,” (2005:153). Nowye provides the following definition of African grief work that confirms the healing ability of traditional African widowhood rites:

“African grief work can be defined as the patterned ways invented in traditional communities for the successful healing of the psychological wounds and pain of bereaved persons. It is a healing system grounded in ecologically sound rituals and ceremonies that facilitate experiential healing. Its target clients are any members of the community burdened by painful loss of a loved one”, (2005: 148).

Some mourning rituals are said to also have the aim of removing the bad luck or misfortune that is said to surround the widow and which makes people discriminate against her or fear her. The researcher is of the opinion that, if the widow is aware that the purpose of the traditional widowhood rituals is to remove the alleged bad luck, it can be therapeutic. As such, it can be experienced by the widow as facilitating her integration with the community, which she desperately longs for after losing her spouse.

Though there are many rituals which are followed in the African context following death of a spouse, not all provide healing for the widow. The section that follows discusses a few rituals and their perceived benefits for the bereaved widows. This will hopefully assist the researcher in identifying the gap that the COVID-19 pandemic created in the grieving process of the widows under study.

2.6.1 Worship Services

Manyedi states, “From the time of death until the burial, the church usually gives the widow spiritual support by way of holding services and prayers to comfort the bereaved,” (2001:81). Even if the deceased was not a member of the Church, the entire neighbourhood and family come together and share words of comfort from the Bible and lead in prayer. In order to accommodate prayer services during the period of mourning, some families set up a tent in the yard of in front of the house, depending on space

available. Daily services leading to the funeral have been an integral part of the African culture for years and as part of the healing process for the family.

For the bereaved widows, listening to the word of God and the hymns of hope is a source of hope and strength. Music has a significant impact on how suffering is expressed and how the community consoles the family. When Mwiti writes that, “Music as a therapy in Africa assists bereaved persons to express the deepest human emotion that cannot be expressed through any other form. Through music, the experience of loss is expressed in a symbolic language that penetrates the bereaved mind, bringing healing to the broken soul,” (1999:12). Hymns are sung to support the family. According to the researcher, in the Methodist tradition, members and families have significant hymns from which they draw their strength during difficult times, “iculo lase khaya”, the family hymn. Singing the widow’s or her husband’s hymn brings comfort. As a result, music is used as a tool to promote healing, development- and completeness to the grieving and the community as a whole. Wimberly notes the following on how music brings healing, “Indeed the throes of singing and listening to music in the worshipping congregation we discover and re-discover what it means to believe or trust in our relationship with God…and to move with the unknown future with confidence,” (2004:15). The grieving might discover significance in their connection with God through music. Additionally, it helps the grieving family go forward into the future with assurance knowing that God is looking out for them.

In the case that prompted this study, Mavis was a member of the “Women’s Manyano”, an organization for women of prayer in the Methodist church, whose purpose is to support each other during difficult situations through prayer and words of encouragement from scripture. When death strikes, they play an important therapeutic support that comfort the family. The Women’s Manyano members could not be with her as the COVID-19 safety protocols restricted physical worship gatherings during bereavements. This caused more pain for Mavis who felt isolated and rejected by the organization that she had been very faithful to for many years. The researcher as a female theologian and of Zimbabwean origin, identifies with Mavis’ feelings because it is the Women’s Manyano members who supported her when she lost her mother and not the leadership of the church. This view is supported by Odiyoye who writes that “Hurting with those who hurt and rejoicing with those who are enjoying life, is an important aspect of women’s theology”, (2019:37). She adds that “Compassion is the well spring of women’s solidarity that is evident in the many women’s organized groups, both in traditional society and the contemporary women’s movements”, (Ibid) The researcher agrees with Odiyoye because, the widows, like Mavis who experienced bereavement during the COVID-19 pandemic, could not draw from this

“well” of solidarity. Gatherings were prohibited and fear of contracting the corona virus kept them away from funerals.

2.6.2 Bidding farewell to the deceased

Mojapelo-Batka noted that, deceased’s body is taken home, the day before the burial and remains in the couple’s bedroom. The widow and the female elders spend the night in this bedroom where the corpse is to allow the deceased to bid farewell to his family and possessions (2013:3). This is followed by viewing of the body the following morning, prior to the burial. Khosa-Nkatin & White highlight the value placed on body viewing as follows: “As part of the pre-burial rituals in many African communities, the body of the deceased is brought home for the final viewing by the family and the members of the communities. It is also a way for the deceased to spend their last night in their home before they embark onto another life in the land of the ancestors. Some families perform rituals like praying to the ancestors to welcome the new ancestor in their fold. Some perform rituals to get the spirit of the dead person to leave the house. Other African communities also use this period as an opportunity to place the deceased favourite items such as clothes, favourite plate or spoon in the coffin. Because of these beliefs, it is important for Africans that the deceased are brought home the day before the funeral. If it is not done, it is believed that the spirit of the dead will not rest in peace and will return to the house and cause misfortune for the family (2021:3).

The bodies of those who passed on due to COVID-19 were wrapped in plastic bags and only few close family members were allowed at the funeral parlour to identify the deceased. For Mavis and many other widows who tested positive for the coronavirus, this meant that they would be sitting alone in the bedroom without anyone to support and comfort them and excluded from viewing the body of their spouses for the last time as they were required by the law to be in quarantine. The researcher is a nurse and agrees with Khosa-Nkatin & White as she has experienced families of deceased patients coming to the hospital to fetch the “spirit” of the dead, even months after the funeral. For them, this is a form of closure. With hospitals also closed to the public during the COVID-19 pandemic, rituals like these were not possible and therefore those left behind, especially the widows, find it difficult to heal as they are of the opinion that their loved ones are still roaming around and not at peace.

2.6.3 Night vigil

A night vigil is a service conducted in commemoration of the departed the night before the funeral. This program offers ways to assist a family in dealing with the death of a loved

one. It is a moment to pause and reflect on the late person's life, remembering how significant he was to the community and family. This comforts and strengthens the family as they say their goodbyes to the deceased. The messages of condolences from friends and the community affords the bereaved an opportunity to acknowledge that God has made good use of their loved one. Manyedi adds that “It is at this point, that the African Christian widow appears to be adopting a positive attitude about widowhood and grief, therefore making it easier for her to deal with the loss," (2001:81). The night vigil gives the community and the church a chance to express their sympathy for the family's loss. During this service, everyone who is not on the official funeral program is permitted to express their condolences without time constraints.

For many years, rituals such as night vigil and body viewing have been the tradition in African cultures and are seen as a respectable way to say goodbye to loved ones, (Khosa-Khatini & White 2021:3). These practices were however not permitted during the COVID-19 pandemic because funerals were classified among the super spreader events of the deadly coronavirus.

2.6.4 Cleansing

On the day of the funeral, some basins with water, mixed with some green plant, aloe, are placed at the entrance of the deceased’s house so that mourners can wash their hands to remove bad luck, after burial. The widow and her family wash their hands first followed by the rest of the people who attended the funeral. The same water is used to clean the spades that were used to toss earth into the grave, and then the water is discarded. In this way, all mourners who attended the graveyard ritual are protected from bad luck.

According to Manyedi, the African widow is given a mixture called "dipitsa" or "dipitsana" soon after the deceased is buried. This is intended to cleanse her blood because she was previously connected with the deceased. The purpose of the rite is to separate the African widow from the deceased, as she is considered one with him and therefore is seen as unclean until this cleansing ritual is performed (2001:71,116)

After the widow has completed the final step in the traditional purification or cleansing procedure, she is able to resume wearing her regular attire (Letsosa & Semenya, 2011:2). According to Rosenblatt & Nkosi, the purpose of the cleansing ceremony is to free her of mourning clothing and to take away the bad luck brought on by her husband's death. This is done by slaughtering a cow or sheep, depending on the family's financial situation, and then brewing African beer and serving traditional meals. The widow is dressed in new clothes as a sign that she is free to start a new life. In some cultures, this takes between 6

to 12 months, (2007:78). During the COVID-19 pandemic slaughtering of animals for ritual purposes was not permitted as these meant gatherings. For the population under study, most of them are in Pretoria for work purposes, this meant that the cleansing ceremonies had to be performed at their rural homes. In the peak of the COVID-19 pandemic, interprovincial travels were prohibited resulting in these ceremonies being rushed or delayed as some of the crucial family members who should conduct these were not available. Thus, as long as the widow is still in mourning clothes, she continues to be associated with bad luck and can therefore not attend worship gatherings or even be seen outside her home except when she has to go to work. Either way, rushing through the cleansing ceremony for some widows felt as if they were being pushed to forget about their spouses.

From the above reviewed literature, the researcher will utilize the African perspective of death and bereavement because this worldview directly affects and influences how most Africans describe, experience, and deal with death amongst other life experiences. The African viewpoint on death also addresses cultural rituals which will assist the writer in understanding the challenges that were faced by the bereaved widows during the COVID-19 pandemic, as most of these rituals could not be properly performed. The researcher believes that this research aims at proposing a healing model for bereaved widows in an African context and thus contribute and add new knowledge in the field of practical theology. According to Buffel, pastoral care cannot afford to remain bound to the Western belief of individualism and ordained clergy, as it does not accommodate the African worldview, (2004:37). The researcher agrees with Buffel on the need for pastoral healing models that are sensitive to the African beliefs and cultures.

2.7 Preliminary conclusion

This chapter highlighted the pain and anguish that is associated with death and the need for healing and recovery of those left behind. The review of literature on death and bereavement across cultures demonstrated the critical role funeral rituals play in the grief process of those who lost their loved ones. Due to the safety regulations that were put in place, in response to the COVID-19 pandemic, families of the deceased had limitations in performing the funeral rituals which would have assisted in finding closure and thereby facilitate the grief process of the bereaved widows. The report proceeds to Chapter 3 in which the methodology will be discussed.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The preceding chapter analysed the extant literature on bereaved widows from both Western and African writers in order to highlight what is known on the subject. The main purpose of this research was to explore the "lived experiences" of the widows during their period of bereavement and to further find out what mechanisms or systems of pastoral care are there in the Church in order to help and assist them in their experience of pain as well as the healing. In order to answer the research question which considers a complex social phenomenon, the research has been designed to follow the constructivist/interpretivist paradigm. Leavy states that "This paradigm examines how people engage in processes of constructing and reconstructing meanings through daily interactions" (2017: 129). The researcher agrees with this process as she aims to find out how COVID-19 related bereavements affected the grief process in the widows under study.

The purpose of this chapter therefore is to describe the methodology used to resolve the research problem. In the case of the bereaved widows, the researcher chose a methodology and models, which helped her to bring out the widows' personal realities of their bereavement experiences as a result of the restrictions imposed on funerals by the COVID-19 pandemic and the lack of pastoral care from their clergy. In order to achieve this, the researcher utilized Gerkin's Shepherding model (1997), and this was buttressed by Nick Pollard's Positive Deconstruction model (1997), which enabled the researcher to "enter the vulnerable space" of the widows as they narrate their personal realities encountered during their time of loss and mourning. The following areas will be discussed: qualitative approach, research paradigm and the motivation for using these methods, research population, data collection procedure and analysis of data as well as ethical considerations.

Before discussing the two models by Gerkin and Pollard, the study looks at the research paradigm.

3.2 THE CONSTRUCTIVIST/INTERPRETIVIST PARADIGM

The constructivist paradigm can be traced back to Edmund Husserl's philosophy of phenomenology (the study of human consciousness and self-awareness) and the German philosopher Wilhelm Dilthey's philosophy of hermeneutics (the study of interpretation) (Kawulich & Chilisa 2012:9). This paradigm examines how people engage in processes of constructing and reconstructing meanings through daily interactions (Leavy 2017: 129). In

this paradigm, the researcher's role is as follows: "The inquirer's voice is that of the 'passionate participant' … actively engaged in facilitating the 'multivoice' reconstruction of his or her own construction as well as those of all other participants." Lincoln & Guba (1985:110) focus mainly on realities as constructed by society or individuals. Researchers therefore embark on a journey of interpreting these varying constructions. Grief due to COVID-19 was a phenomenon that was only understood by those affected due to the loneliness this impacted on them. The researcher's engagement with the widows during the interview process, including allowing the widows to tell their stories in their own words will assist in understanding the experiences they went through, and this will be helpful in recommending a healing model.

This paradigm raises the following areas of inquiry:

- **Ontology:** "Reality is, therefore, mind dependent and a personal or social construct" (Dammak 2018:5). Dammak adds that interpretivists "believe that people are creative and actively construct their social reality. They further note that the social world should be studied in the natural world, through the eyes of the participants" (2018:5).
- **Epistemology**: "Constructivists believe that knowledge is subjective, because it is socially constructed and mind dependent. Truth lies within the human experience. Statements on what is true or false are, therefore, culture bound, historically and context dependent, although some might be universal" (Kawulich & Chilisa 2012:10).
- **Axiology:** "Constructivists assert that, since reality is mind constructed and mind dependent and knowledge subjective, social inquiry is in turn value-bound and value-laden" (Kawulich & Chilisa 2012:10).
- **Methodology:** "The value of interpretative research is to understand people's experiences. The research takes place in a natural setting where the participants make their living. The purpose of the study expresses the assumptions of the interpretivist researcher in attempting to understand human experiences" (Kawulich & Chilisa 2012:10). Dammak (citing Cohen et al. 2003:19) notes that interpretivists believe that the "Social world can only be understood from the standpoint of the individuals who are part of the ongoing action being investigated" (2018:6).This means that participants tell their own story in their own way. A researcher is just a participant who has an interest in that particular story.

Viewed from the constructivist, grieving is a process of reconstructing a world of meaning that has been challenged by loss. Although most people successfully navigate bereavement and return to pre-loss functioning, from Mavis' story, the widow in the background case study, she is still struggling with grief and is unable to find meaning due to the complications imposed on her grief process by the COVID-19 pandemic. This paradigm draws attention to people's patterns of interaction and how they assign meanings to events and situations. This will assist the researcher to prioritize the widows' subjective understandings and multiple meanings of their grief during the interpretation of the different experiences captured through the interviews, and come up with a healing model that will assist the widows to re-establish a coherent self-narrative that integrates the loss, whilst allowing them to move forward.

With the above in mind, the two theories and how they will assist the researcher to journey with the troubled souls will be unpacked, starting with the shepherding model.

3.3 RESEARCH THEORIES

3.3.1 Shepherding Model by Charles V. Gerkin

The Shepherding Model by Gerkin was selected for the study as it assisted to gain insight into the lives of the widows during bereavement. According to Gerkin, "The arena of pastoral care is full of surprises, unexpected problems and opportunities for profound insight into the human situation" (1997:11). This model helped to explain the story of Mavis who was unable to be with her husband at his death bed and the church was unable to be with her physically for support during the bereavement because of the restrictions placed on gatherings by the government during the COVID-19 pandemic. According to Gerkin, "Pastoral care is an invitation to accompany the author on a tour of an arena of ministry that includes some of the most important, and at times, difficult work that the Christian pastor has to do. Touring that world will cause us to encounter the inevitable tensions involved in providing pastoral care for individuals and congregations" (1997:11). This is seen when pastoral caregivers encounter different challenges on a daily basis in ministry, and the fact that there cannot be a one size fits all of solving problems. Most of the challenges allow an individual time to ponder, pray and seek guidance from others, including God who is the source of all insights.

The Shepherding model by Gerkin is of paramount importance in the situation of the bereaved widows as it enables a pastor to redefine his/her role in pastoral caring (Matsaneng 2009:31). Redefining one's role means understanding how to function in different scenarios encountered while leading the people of God. Gerkin's model is able

to strike a balance between faith, culture, family and individual issues. According to Gerkin, Yahweh reached out to Israel through priests, prophets, wise men and women (1997:23) and shepherds (1997:27). In order to understand Gerkin's model one has to unpack each of these significant roles by the leaders of Israel in biblical times.

1. The priest had a particular role in worship and ceremonies. This role included offering prayers and sacrifices to Yahweh.

2. Prophets gave moral guidance to the people.

3. Scribes and Rabbis functioned as wise men and women

4. Shepherds were watching over Yahweh's people.

Understanding the above-mentioned roles has the implication that pastoral caregivers in contemporary society ought to follow suit. While offering prayers for the people of God, it should be balanced with moral guidance, wisdom and shepherding. There must be a balance in ministry, as problems encountered cannot be solved by prayer alone, but by applying situation appropriate knowledge and skills.

According to Gerkin, "In the early Christian times, pastoral caregivers functioned in four different offices" (1997:27). Therefore, in this study pastoral caregivers are encouraged to implement Gerkin's model of caring for the troubled souls. In shepherding, pastoral caregivers will be journeying with the widows. The priestly function of caring will challenge pastoral caregivers to use their spiritual influence in the community. The prophetic function will be for pastoral caregivers to be the voice of the voiceless. Shepherding should be viewed as caring for the flock using God's wisdom in its executing.

Gerkin puts emphasis on shepherding as the key role to be demonstrated by pastoral caregivers while leading the flock. He brings back the concept of a shepherd who lived a nomadic life (1997:25). This could be understood by most Africans as shepherding is part and parcel of their upbringing. For the purpose of this study, the shepherding role will be the basis of pastoral care that is adopted. Shepherding came into existence in the Israelites religious circles, as a metaphor for Yahweh's caring for his people. This motif is most clearly captured in the imagery of Psalm 23, where the Lord God is depicted as a good shepherd who leads the people in the path of righteousness, restores the soul of people, and walks with the people among their enemies, and even into the valley of the shadow of death" (Gerkin, 1997:27). This suggests that a competent shepherd should be able to defend God's flock, journey with them and provide for their needs. With the passing of their spouses, the widows are not only hurting, but they are also exposed to many forms of

abuse in society and culture. They are not protected. They feel like sheep without a shepherd because they are cut off from the community, especially the church. Due to their brokenness and need for care, the resemble wounded sheep and need care. They are isolated from the community, including the church and they feel like sheep without a shepherd. They are like wounded sheep because they are broken hearted and in need of care. The widows require a good shepherd to care for, feed and watch over them. They require a shepherd who can help them overcome their fears of abandonment and guide them on the road to recovery.

It is worth noting that, though this study focuses on the pastoral care of bereaved widows, these are not an “island”. They have families, cultures and communities who will influence their healing process. Gerkins summarizes this perspective as follows, “The primary basis of care which the Christian community and its pastors offer to persons is the care that comes about by participation in the Christian community and its world of interpreted meanings” (1997:19).

In order to illustrate Gerkin’s shepherding concept of pastoral care, the researcher will share several figures below.

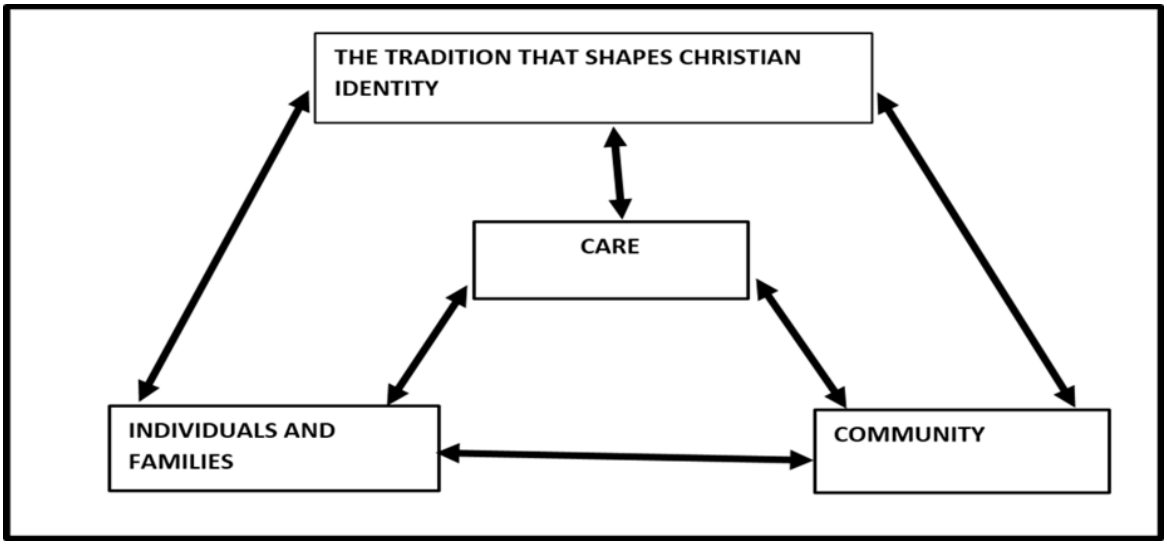

Figure 3.1: The Interpretive Structure of Pastoral Care

Source: Gerkin 1997:26

Gerkin’s model demonstrates the several schema points that were applied to care for the religious community as described in both the Old and New Testaments.

Figure 3.1 depicts the religious community as it is influenced by customs, the community and specific families. The society and individual households had to abide by the laws

established Yahweh through the traditions. Everything was centred on compassion. According to Gerkin, by the turn of the 20th century, the lines separating the Christian community became unclear, (1997:26).

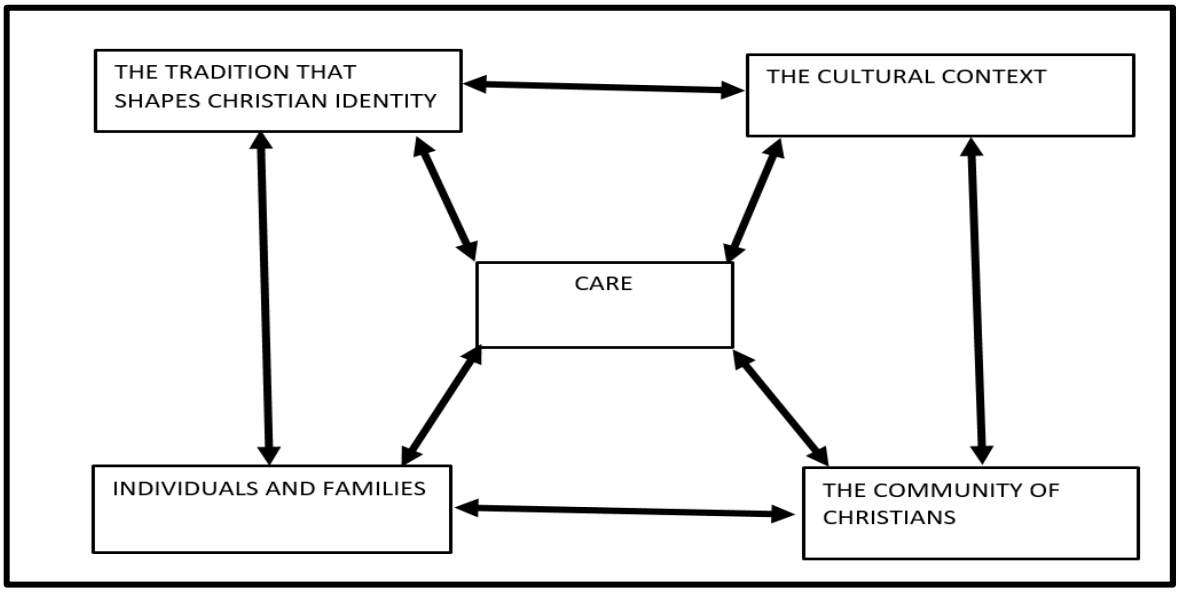

Figure 3.2: Interpretive Structure of Past Pastoral Care with infusion of culture

SOURCE: Gerkin 1997:35

Pastoral care, according to Gerkin, "is the care of the Christian community and the tradition that gives that group character, as well as the care of the individual and family" (Ibid: 1997:19). Additionally, he argues that "the Christian community is surrounded by a cultural framework" (Ibid 1997:35). Pastoral carers should consider the situation of everyone who is experiencing difficulties. With regards to this study, the focus should be, the women who lost their husbands to COVID-19, their families, and the neighbourhood in which they all reside. He also used Hiltner's description of adequate shepherding as "Care and concern," which serves as an appropriate benchmark for our efforts to exemplify the shepherd model in pastoral care (1997:81).

According to Gerkin; “Pastoral Care also entails the thoughtful reinterpretation of the tradition that shapes Christian identity as that tradition is brought into dialogical relationship with contemporary culture and its impact on the community of Christian as well as its individual members” (1997:118).

For the Christian community, preserving porous boundaries became a difficult undertaking as a result of the influx of culture. This is shown in figure 3.2, where culture has been integrated into people's lives in order to take care of them. Even though culture often plays a crucial part in providing for others, this is not usually the case for widows in most African

situations (Dlamini 2016; Kapuma 2018). When it comes to widows and bereavement rituals, culture has been and is still utilized negatively in the majority of African customs. The widows have their own culture and customs, which the pastoral caregivers must take into account while interacting with them.

Gerkins is inspired by Luther's pastoral care concept, which is concerned with the protection and care of individuals who are the victims of their society's callous customs. Luther's idea of pastoral care, according to Gerkin, places a focus on those with unique needs, such as those who have fallen prey to "the wickedness of the present day" (1997: 96), like the widows who were affected by the COVID-19 lockdown regulations which in turn isolated them from the community and the church at large as everyone was either afraid of contacting the virus or stigmatized those who were affected by the virus.
The shepherding model of Gerkin speaks of the care of God to the chosen Israelites, God's chosen people, we are also God's chosen, hence caring for the least of troubled brethren. Thus, to that effect, Gerkin portrays the Lord God as a; "good shepherd", who leads the people in the path of righteousness, restores the troubled souls and walks with the people even in the valley of the shadow of death. In addition, he avers that "as we yield to God's shepherding, more and more we find ourselves home" (1997:27).

Gerkin's shepherding metaphor describes God's care for His elect Israelites. Since we are also God's chosen, we should likewise take care of our less fortunate brothers and sisters. Gerkin describes the Lord God in this way: as a "good shepherd" who guides people toward righteousness, heals wounded hearts, and goes beside them even through the valley of the shadow of death. He also asserts that "as we yield to God's shepherding, more and more we find ourselves at home" (1997:27).

With the church missing during the times that the bereaved widows needed them most for pastoral support, some widows who lost their spouses to COVID-19 have stopped coming to church. They felt neglected by institutions that they served faithfully for years. Pastoral caregivers will become relevant to God's flock, the bereaved widows in the City of Pretoria Metropolitan Municipality, if guided by the shepherding model. Because the shepherd is aware of his sheep's suffering. In this situation, the community of faith, especially, the clergy, ought to minister to these troubled people. It is the role of the shepherd to "protect and anoint the sheep, heal the wounded ones and lead them to good grazing pastures", Psalm 23.

In other words, the act of shepherding here refers to being there for the bereaved widows and providing them with support, direction, care, and nourishment. The widows need to

have a voice because they are weak and defenceless. The grieving widows require protection from the cultural and religious traditions that mistreat and discriminate against widows, just as the shepherd protects the sheep from lions and wolves.

Gerkin continues by asserting that the church has a duty to address human suffering and the causes of it in order to live up to its name. According to Gerkin, Jesus Christ serves as the ideal example for caring, “The church in its role as ‘shepherd of God’s flock must address herself to this situation by alleviating suffering and enabling the realization of God’s Kingdom. She must administer healing that will resolve harmony in the lives of individuals, community and the environment…The pastoral work of the Church is thus to be seen in terms of healing, guiding, sustaining and reconciling the people of God.” (1997:92).

Gerkin’s main source of pastoral care is the Bible. The Bible is the first source of pastoral theology, in so far as it portrays the ideal Priest, Teacher and Pastor. It has handed down to us Jesus Christ’s ideas for the care of souls. Having discussed Gerkin’s model of pastoral care, the following describes how it is supported by Jesus’ teachings on pastorals care:

Jesus model of pastoral care

The pastoral care metaphor of a shepherd illustrates how God helps and cares for those who are in need. This is illustrated by what Jesus Christ said, “I am the good shepherd, the good shepherd lays down his life for his sheep. The hired hand is not the shepherd who owns the sheep. So when he sees the wolf coming, he abandons the sheep and runs away. The wolves attack the flock and scatter it”, (John10:11-13).

In this research, the pastoral care model of Jesus is referenced. According to the Bible, Jesus journeyed with individuals who were dealing with a variety of difficulties and problems in their life. Jesus was in a position to address their needs since he present with them and was able to understand their problems first-hand.

The Woman at the well, a sinner rejected by her community, was given the privilege of a personal evangelistic moment with Jesus on a one on one. Jesus did not judge her for her sins but instead he simply told her everything she ever did, revealed Himself to her as Messiah, and offered her Living Water, (John 4:4-30). The Book of Matthew, chapter 4, verse 23, which describes how Jesus travelled across Galilee teaching in the synagogues and spreading the good news of the Kingdom, provides a vivid illustration of traveling among the people. Carson made reference to the fact that the ministry of Jesus was

popular as a teacher, particularly as a healer, and accepted in the synagogues. His ministry garnered interest across the majority of Palestine.

The Book of Mark also contains the following information:

"They went to Capernaum, and when the Sabbath came, Jesus went into the synagogue and began to teach….. As soon as they left the synagogue they went with James and John to the home of Simon and Andrew to minister to Simon's mother-in-law who was sick" (Mark 1:29 NRSV).

Carson added that "It seemed like Capernaum had gathered at the door; bringing both sick and demon possessed… many were healed" (2000:953). The above text places responsibilities upon the clergy to be able to care of the widows and other people who lost their loved ones as a result COVID-19.

Given the events described above, it is reasonable to say that Jesus travelled to the different locations as part of his mission to provide pastoral care. Jesus was able to help many people who needed help and were facing various challenges in their lives because he reached out to everyone. For instance, he ministered to people in Galilee at times of worship, and at the same time provided for Simon's mother in- law who was not well, (Luke 4:14-9:50). The important thing to take up from this is that Jesus changed lives wherever he went. Similarly, the Clergy in the Methodist Church of Southern Africa could equally do the same in the lives of the widows who lost their spouses to COVID-19. Some are still struggling to come back to church as they feel that the church was absent in their time of need.

Adopting Jesus' pastoral care approach, which entails going from one community to another, might aid in the emotional recovery of the broken widows and their families. In order to care for the needs of the people, a minister of the gospel rarely provides pastoral care as part of anticipated routine house visits; instead, the norm is reactive, as in an "ambulance ministry," which is only used when there is a need. The widows under study are mainly experiencing emotional and psychological trauma as a result of the death of their spouses and the isolation brought on them by the COVID-19 regulations. They are heartbroken and require pastoral carers who can travel this road of mourning with them. As Gerkin argues, "To tour the world of pastoral care means to explore the caring duty of the pastor in connection to people and the community", (1997:10).

Gerkin's shepherding approach is unable to aid the researcher to provide full recovery to the troubled souls as it is unable to assist with the reconstruction of their lives. It is for this

reason that positive deconstruction model of Nick Pollard (1997), was used in this study. Pollard's positive deconstruction model was utilized to help the widows to break down into parts their belief on the loss, analyse it and throw away what is not needed, (1997:45). The lives of the widows who lost their husbands to COVID-19 will be rebuilt through this approach.

3.3.2 Positive Deconstruction by Nick Pollard

The widows who lost their spouses to COVID-19 are suffering from the trauma that they had to go through as a result of the pandemic. Some are unable to find closure as they could not even view the bodies of their spouses before the burial, which is an important African ritual that is performed at funerals and therefore still struggle with questions like "who was that I buried in the wrapped up coffin? Was it my real husband?" In addition to Gerkin's Shepherding model of journeying with the widows to provide healing for their broken hearts, Nick Pollard offers a model he calls "positive deconstruction".

Pollard's idea, or inspiration, came to him when he bought his first car during his undergraduate days. The overall condition of the vehicle was not that good as it had mechanical problems. Later, he purchased a second vehicle of the same make and model that had been badly damaged in an accident but had all of its original parts still in a good condition. He disassembled these two automobiles piece by piece, evaluating each component's importance and usefulness before starting to reassemble one of the two cars. Despite the fact that it took a while, he eventually managed to get an automobile that was in excellent shape. Pollard kept the necessary parts from both cars and threw away those parts which were not useful, (1997:44-45). His concept of positive deconstruction entails dismantling people's beliefs, dissecting them, and ultimately replacing them with something better that would promote healing. This model provides a way of entering the vulnerable space of widows so as to heal them.

The widows' sorrow, sadness, and dissatisfaction will be brought out by the researcher with the use of this model of positive deconstruction, which will also promote healing. This model of positive deconstruction will assist the researcher in bringing out the sorrow, sadness and hopelessness that the widows have engulfed and will also assist with healing. The process of positive deconstruction takes them on a journey of self-discovery (1997:44).

The prefix "de" and the verb "construct" are combined to get the term "deconstructs". Both terms come from the Latin vocabulary. While the latter is known as struere, which means

to construct or raise, the former is known as decide, which signifies removal or separation from. Deconstruct thus is to take apart what has been constructed (Dlamini 2016:44).

Deconstruction was viewed in the context of the bereaved widows under investigation as hearing and dissecting the elements of their narratives in order to critically analyze their meanings and comprehend their mourning process. In the background story, Mavis portrayed the idea that hope may be seen through storytelling. “People appreciate stories because they mirror their total lives, weaving together fact and feeling," (Winter and Hawthorne 1999:405). In this way, Pollard uses the tale of his car to illustrate his model.

Pollard claims that he rebuilt one car using just the best components, which is an example of positive deconstruction on the side of the mechanic as the result was a better-functioning vehicle (1997:47). Pollard cautions, nevertheless, that this strategy may make serious errors. The first error can be assuming a certain part is not required when in fact it is. The second error could be to believe that positive deconstruction alone can address every problem. The researcher agrees with Pollard because a new part is not necessarily a good part. It is likely that certain parts that seem new and functional are not original parts and might not survive for longer. Because of this, it is necessary to use a variety of paradigms when dealing with pastoral issues. According to the Bible, a person cannot survive on bread alone, (Matthew 4:4). In order to start creating a new worldview that would aid in healing, the sorrow felt by the widows who lost their spouses to COVID-19 must be positively deconstructed.

Pollard encourages that “If combined with earnest prayer, clear gospel proclamation, reasoned apologetics and genuine relationships demonstrating practical love, positive deconstruction will help (1997:46). Pollard might be mindful of Christ’s teaching “Without me you can do nothing” (John 15:4 NRSV). Healing theories and methods are good but without the Lord’s blessing they will be of little assistance. In his model, Pollard emphasizes that it is critical to use different skills as you enter the spaces of those who are troubled. According to Pollard, the process of positive deconstruction involves four elements which are:

Positive deconstruction involves a process which includes four elements:

Identifying the underlying worldview

In this first component, Pollard points out that it is our responsibility to determine the specific worldview of the individuals we are interacting with. In some or many instances, the individuals themselves appear to be oblivious of their worldviews, yet it can be seen in

how they exhibit their ideas through their behaviour and way of life (1997:18). When seeking to minister to individuals, we as pastors need to be cognizant of the worldviews that underlie their thinking. We should respond to an underlying concept rather than working or reacting on the surface level based on a single word or behaviour. Thus, according to the first task of positive deconstruction, pastors must possess knowledge and comprehension of a variety of worldviews and be able to “match a world view to the behaviour or person's idea" (Pollard 1997:50).The researcher agrees that one cannot look for something that they are not aware of as this will be a cumbersome task.

World views can be diverse, influenced by culture, and learned via formal education, as they formerly were. The Christian schools, such as Methodist schools, Roman Catholic schools, Afrikaans-only schools, and military institutions, are an excellent example. Television, journalism, fashion, and music are further platforms for the development or conveyance of world views. Therefore, it's conceivable that the distraught widows aren't even aware of their perspective. In certain situations, the circumstances and experiences to which these widows are subjected cause them greater suffering and difficulties, which prevent them from recovering from their loss, (Pollard 1997:50-51). The researcher believes that multiple approaches need to be implemented including taking note of the views of the widows by allowing them safe space to open up and share their world views and challenges.

Analysing the worldview

The following phase of the process, according to Pollard, is to analyze the worldview after it has been recognized (1997:52). This is accomplished by applying the three accepted philosophical standards for the veracity of the issues raised:

a) Does it cohere or make sense?

This viewpoint claims that if a statement is accurate. It will be coherent and entirely rational. In this study, it implies that once widows share their experiences, the researcher will examine them to validate the truth in them. Regarding this confirmation of the truth, Pollard states, “I looked carefully at each part to see whether it was any good. If it was, I kept it. If it wasn’t, I threw it away” (1997:45). The restoration of the lives of the widows under study involves examining the assumptive world they shared with their spouses. This begins with accepting and understanding that their loved one is dead. As noted by Rando “She must begin to act in accordance with the fact that the loved one has died and must become accustomed to the new world without the deceased” (1993:58). The widows must then develop new ways to take care of the needs that the dead fulfilled. This entails

acknowledging that death has no influence on their life and assuming new roles, behaviours, talents, and interpersonal interactions in the contexts where death has had an impact. That way, the widows are able to positively reconstruct their lives.

b) Does it correspond?

This implies that a statement will match reality if it is true. The real world is accurately described by truth. From the interviews conducted with the widows and clergy, their claims will be put to the test to determine if they are consistent with reality. Pollard recalled a tale of three people who travelled on an airplane together: a politician, a vicar, and a boy scout. The pilot dropped off when the engine failed, leaving just two parachutes amongst the three (Pollard 1997:54).

The politician picked one and leaped off because he believed that as the most knowledgeable person, he should be preserved. The man of the cloth advised the boy to use the last parachute since he, the vicar, did not fear death. The boy made a suggestion to the clergyman that the vicar should not stay behind because the smartest person utilized his haversack as a parachute. The boy and the vicar were therefore both spared. No matter how strongly the politician believed in the haversack's ability to act as a parachute, reality set in when it failed to open in time, causing his death. The implication from this story is that the boy pastorally cared for the Vicar. According to Pollard, everything that does not match reality will fail. (1997:54).

c) Does it work?

This assertion is based on the concept that if a declaration is true, it will work, which means that the truth makes it possible for humans to operate (Pollard 1997:53). All of the participants, including the widows, will look for the truth in order to start the healing process.

The three assessments must be combined in each given case, according to Pollard, because using just one of them is insufficient. Pollard's hypothesis may thus be used to verify the validity of any account provided by the grieving widows and the clergy in the research. If not, one is vulnerable to blindly accepting untested claims. All three questions and examinations must be passed by Worldview (Pollard 1997: 54). The researcher believes that participant accounts must also satisfy this criteria. Thus, qualitative research might be used to examine Pollard's theory of positive deconstruction.

Affirming the truth

The notion that any non-Christian worldview may be true unnerves a lot of us. We feel threatened by the idea that we don't own all of the truth. We find it far simpler to believe that we are completely correct and that everyone else is completely mistaken. But this isn't the case at all. Not all non-Christian worldviews are incorrect. They do have truthful components, sometimes very significant ones, and we must confirm them (Pollard 1997:55). People will not pay attention to us if we don't do this. No one wants to be pastorally cared for by a minister who doubts every word they utter as they share their problems. People will engage easily in a discussion with someone who is on their side, when seeking the truth. The widows under study, as members of the church, have experienced the church as a caring and supportive community whenever there was a death among her members. With the COVID-19 pandemic, this changed as the restrictions put on funerals by the government gave the bereaved an assumption that the church does not care. Given that all truth ultimately belongs to God and that all worldviews include aspects of this truth, we must always declare the truth in all circumstances (Pollard 1997:56).

Discovering the error

We employ the three questions listed above to find the truth, but the procedure will also reveal some mistakes. We may be able to assist those who adhere to a specific worldview when we are aware of its flaws (Pollard 1997:56). The difficulty with the aforementioned procedure is that it can force people to confront their worldview, which might make them uneasy or lead them to question it. People frequently build their worldviews on skewed retellings of the original source, or they may utilize what they overheard to critique other worldviews. For the researcher, who is from Zimbabwe, where homosexuality was stigmatized, particularly under the late President Robert Mugabe, this is particularly true. The worldview was that anyone who was not heterosexual was regarded as a sinner and an outcast. Only heterosexuals were the accepted creation of God. The theological reflections on homosexuality during the researcher’s studies gave her a different perspective on this matter. That helped her to understand the worldview that underlie it and how to reach out to those who are different.

The researcher is certain that both Gerkin and Pollard’s methods would be helpful in assisting the bereaved widows. The two theories will still require a process of gathering information from the widows and the clergy who were impacted by the COVID-19 bereavements. The researcher seeks to use the qualitative approach as a method of data collection and to support the ideas of Gerkin and Pollard in order to accomplish this.

3.4 QUALITATIVE RESEARCH

The researcher employed a qualitative research methodology for this investigation. According to Bazeley “When you have decided upon your goal, the question becomes: how are you going to get there?” (2013:8) that is where the question of methodology arises. Bazeley describes research methods as “Tools employed by a researcher to investigate a problem, to find out what is going on there” (2013:8). This quotation is helpful in explaining the problem of COVID-19 related bereavements.

Qualitative methodology is an approach that attempts “To study human action from the perspective of the social actors themselves. The primary goal of studies using this approach is defined as describing and understanding, rather than explaining human behaviour” (Babbie & Mouton 2001:270). Bazeley further states that “Researchers engaging in a qualitative study focus on observing, describing, interpreting, and analysing the way that people experience, act on, or think about themselves and the world around them” (2013: 4).

It should be clear that this approach is a set of strategies and procedures for data collecting. “Qualitative studies then, will typically use qualitative methods of gaining access to research subjects (e.g. theoretical selection of cases, snowball sampling, purposive sampling); qualitative data collection methods (e.g. participation observation, semi-structured interviewing, the use of personal documents to construct life stories); and qualitative analysis methods (e.g. grounded theory approach, analytical induction, narrative analysis, discourse analysis),”(Babbie & Mouton 2001:270). In this study, purposive sampling was used and this will be discussed in detail in the sections that follow. Swinton and Mowat further state that, “Qualitative research assumes that the world is not simply ‘out there’ waiting to be discovered. Rather, it recognizes ‘the world’ as the locus complex interpretive process within which human beings struggle to make sense of their experiences including their experiences of God. Identifying and developing understanding of these meanings is the primary task of qualitative research” (2016 30).

The world of the widows who were bereaved due to COVID-19 was understood better after going into their space. The researcher had direct contact with the subjects of the study through the interviews. Furthermore, Best states that asking individuals for information is one of the most common strategies to encourage them to divulge it. Likewise, Best states that; “One of the most common ways of getting people to give information is to ask them for it. As researchers, we ask interviewees to provide reports or a description of a feeling state, attitude, belief or event that they have witnessed in the world and then the researcher

has to fit the responses into coding categories and themes" (2012:78). The interview process for the widows was a very emotional process for the researcher as some of the widows got an opportunity to narrate their pain and brokenness to someone who asked for this information.

According to Duffy et al., this technique enables study participants to express their own experiences using their own words, ideas, and knowledge rather than those of a researcher (2010:45). Each situation involving the loss of a loved one is different, making the narrator's description of what happened subjective. This subjectivity is more significant than the quantitative data's objectivity because it offers those who have been touched by the loss of spouses to COVID-19 a voice and a chance to be heard (Creswell 2013). For the participants, who may not have had the chance to tell their stories to anybody, this is therapeutic. The congregation members and clergy of the (MCSA) in the City of Tshwane Metropolitan were among the groups this research aimed to explore. The literature was also reviewed in addition to these interactions.

The researcher found this methodology appropriate as it pursues the study "attitudes and behaviours best understood within their natural setting, as opposed to somewhat artificial settings of experiments and surveys" (Babbie & Mouton 2001:270). For the widows under study, the reasons behind the pain and brokenness brought on by the COVID-19 bereavements lied within them and therefore were best understood by interviewing and observing them in their homes. When the researcher asks questions, not only will the participants' world views be exposed, but also their sentiments and emotions, which occasionally may have an indirect or direct impact on the researcher, may emerge.

3.5 POPULATION OF THE STUDY

Welman, Kruger & Mitchell state that "The population is the study object and consists of individuals, groups, organizations, human products and events or the conditions to which they are exposed" (2003:52). Thus, this element of the research is important due to the fact that a "research problem therefore relates to a specific population and the population encompasses the total collection of all units of analysis about which the researcher wishes to make specific conclusions" (Welman et al. 2003:52).

In order to achieve the objective of this study, members of the MCSA in the City of Tshwane Metropolitan, were the population studied. The identified population was those members who had experienced bereavement due to COVID-19 between the periods April 2020 to December 2021.

3.6 SAMPLE AND SAMPLING

According to Babbie & Mouton, population sampling is “the process of selecting observations” (2001:164). While Creswell states that “qualitative inquiry is not to generalize to a population, but to develop an in-depth exploration of a central phenomenon” (2012: 206). For the purpose of this study, the population that was selected to achieve the objectives of this study were specifically those members who had experienced bereavement due to COVID-19 between April 2020 and December 2021. This is the time when South Africa experienced the four COVID-19 pandemic waves. The research was conducted within the Methodist Church of Southern Africa (MCSA), in the City of Tshwane Metropolitan. This location was an easily accessible for research as the researcher resides in Pretoria which is in the close proximity with the congregations in the City of Tshwane Metropolitan. Due to the researcher being known to some of the congregation members in this locality, confidentiality and subjectivity of the research participants was of paramount importance. An information document was be sent to the identified study participants prior to the collection of data. The participants were assured that their identities and their views will be treated with utmost privacy. The researcher highlighted in the document that data collected for this study will be kept confidential and participants and congregation identity will be protected through use of pseudonyms. In order to clear expectations in material form, the participants were made aware that their participation in the study was based on free will and therefore no gift or payment shall be exchanged for taking part in the research.

Schurink in De Vos upholds this rational by adding that “the qualitative researcher will use purposive sampling methods by identifying access points, settings where subjects could be more easily reached, and selecting especially informative subjects” (1998: 253). Purposive sampling will assist the researcher to select individuals that can provide the needed information that will assist in understanding the case, responding to the research questions, and addressing the purpose of the research (Bloemberg & Volpes 2019:186). The researcher agrees with this sampling method because it allowed for selecting specific participants to provide data that fit the purpose of the study. As the researcher is ministering in the Pretoria Central Circuit, it was easy for her to identify widows who had lost their spouses to COVID-19 as this information was available at their congregations through the church leadership. A request was made on the clergy communication platform to extend an invitation to prospective participants through the stewards and class leaders. Access to the study participants was also easy due to the proximity of the researcher to the congregations in Pretoria.

The qualitative sampling was directed at either confirming or disclaiming the researcher's understanding of the phenomenon which was based on the assumption that the COVID-19 pandemic had complicated the process of grieving and in the absence of pastoral care for the bereaved, due to regulations and the pain lingers on. The researcher was mindful that this selected model may change as more insight unfolds which might require that the sample be redefined continuously (Schurink in De Vos: 1988:254). Five widows, between the ages 35 to 65 years who had lost spouses to COVID-19, and six ministers, two females and four males, between the ages 32 to 58 years, from the (MCSA) congregations in the City of Tshwane Metropolitan, were interviewed.

3.7 DATA COLLECTION

A variety of strategies are used to acquire data in qualitative research. Bazeley states that "Researchers engaging in a qualitative study focus on observing, describing, interpreting, and analysing the way people experience, act on, or think about themselves and the world around them" (2013:4). Bloomberg & Volpes affirms that this triangulation strengthens the study by combining methods and is an important strategy for enhancing the quality of data from multiple sources. As a result, the researcher observed, documented, described and analysed data from the literature review as well as data gathered through conducting interviews for the purposes of this study. According to Bloomberg & Volpes, this is a beneficial research technique since it allows the researcher to "capture a person's perspective of an event or experience on an event or experience", (2019: 193).The researcher agrees with the writers because the understanding of issues relevant to the general aims and specific questions of a research project could be portrayed in the stories of the participants.

As described below, the researcher employed document analysis, observation, and the conducting of interviews.

3.7.1 Document analysis

Bloomberg & Volpes states that the term document " is broadly defined to cover a variety of written records, visual images, artifacts and even archival data" (2019:196). Babbie and Mouton further state that when a researcher embarks on document analysis, "One of your aims should be to find out what has been done in your field of study … You want to learn from other scholars: how they have theorized and conceptualized on issues, what they have found empirically, and what instrumentation they have used and to what effect" (2001:5-6). Welman et al. indicate that reviewing other documents is helpful in order to determine if one's interest or field of research has not been explored before. It is helpful in

order to identify research gaps, and to find new perspectives on the topic in question (2005: 38).

In this research, the researcher used other documents to examine and identify what other scholars have written and identified on the subject matter. The sole purpose was to examine the duality that the research topic seeks to study with regard to pastoral care to widows who lost their spouses to COVID-19.

3.7.2 Interviews

Babbie & Mouton state that "The role of the interviewer is indispensable, as data collection is one of the most crucial phases in the research process … The interview has the explicit purpose of one person obtaining information from another during a structured conversation based on a prearranged set of questions" (2001:249). Gillham defines an interview as "a conversation, usually between two people. But it is a conversation where one person, the interviewer is seeking responses for a particular purpose from the other person: the interviewee" (2000:1). Seidman states that at the heart of an in-depth interview is to understand the lived experience of the participants (2006:9). An interview emerges from an interest to understand another person's perspective or worldview (Seidman 2006:9). According to Welman et al. "In unstructured interviews an attempt is made to understand how individuals experience their life-world and how they make sense of what is happening to them. The interviewer's question should thus be directed at the participant's experiences, feelings, and convictions about the theme in question"(2005:198). The researcher as interviewer initiates the interview, determines the interview topic, poses the questions, critically follows up on the answers and also chooses when to terminate the conversation (Blopmberg & Volpes 2019 :193).

Therefore, in order to gather data for this study, the researcher conducted interviews with a set of participants. The interviews took place in the Pretoria Central Circuit and the researcher dealt with one participant at a time, one story at a time, because even though this study dealt with widows who lost their spouses to COVID-19 and clergy who were unable to fulfil their pastoral roles due to the limitations placed on funuerals by the government, their experiences differed and so did some of the rituals they could not perform. This approach enabled the participants to tell their stories. A semi-structured interview guide was utilized in order to collect data for this particular research due to the fact that "It allows a certain degree of flexibility and allows for the pursuit of unexpected lines of enquiry during the interview," (Grix 2004:127). Denscombe states that "Unstructured interviews go further in the extent to which emphasis is placed on the

interviewee's thoughts. The researcher's role is to be as unobtrusive as possible, to start the ball rolling by introducing a theme or topic and then letting the interviewee develop his or her ideas and pursue his or her train of thought"(2003:167). Although there were formally structured questions written down, follow-up questions were asked for clarity purposes.

Barbour argues that semi-structured interviewing is beneficial because "it refers to the capacity of interviews to elicit data on perspectives of salience to respondents rather than the researcher dictating the direction of the encounter, as would be the case with more structured approaches" (2008:119). As was already indicated, the research's main methods included document analysis and interviews with participants identified from the congregations of the Methodist Churches, in the City of Tshwane Metropolitan Municipality. The researcher recorded the interviews using audio equipment with the participants' consent, and field notes were utilized to document any observations that were noted.The use of audio recording reduced the interruption of notes taking thereby allowing the researcher to focus on the story-telling.

The interviews were transcribed as soon as possible and identification codes were assigned to each transcript for the ease of retrieval.

3.7.3 Observation

Observation, or participant observation, is central and fundemental method in qualitative inquiry and is used to discover and explain complex interactions in natural social settings. In the early stages of qualitative reseach, the emphasis is on discovery. By entering the spaces of the bereaved widows to conduct interviews, the reseacher was able to discover some recurring patterns of behaviour, interactions and relationships which assisted in experiencing reality as the research participants do. Observation affords the researcher to obtain a firsthand account of the phenomenon of interest rather than relying on someon's interpretation or pespective (Bloomberg & Voples 2019: 195). The researcher also observed the body language of the widows and listened to the variations in the tone at which they responded to the questions. This helped to identify unspoken emotions.

3.8 PROCEDURE OF DATA ANALYSIS

In order to obtain answers to the research question(s) posed, acquired data are analyzed and evaluated as part of the data analysis process. According to Flick, "Qualitative studies seek to provide a more thorough description of a phenomena. The phenomena may be the personal experiences of a particular person or group", (2014:5). The purpose of this study is to characterize the grieving processes of widows who lost their husbands to

COVID-19. According to Babbie & Mouton, the aim of qualitative research is to" interpret the collected data for the purpose of drawing conclusions that reflect on the interests, ideas, and theories that initiated the inquiry", is the goal of qualitative research (2001:101). Therefore, the researcher explains how this procedure will proceed. The focus of qualitative research, according to Bazeley, is on seeing, describing, interpreting, and analyzing how individuals perceive, act with, or think about themselves and their surroundings (2013:4).

For the aims of this study, the researcher described, represented, interpreted, and investigated the significance of pastoral care to grieving widows, in the Methodist churches in the City of Tshwane Metropolitan, who lost their spouses to COVID-19, during the periods April 2020 to December 2021. This indicates that the researcher made sense of the observations made as well as the interviews she did and the books she studied. Each research question was treated as a distinct topic that served as a guide for analysis to produce answers and conclusions to the research questions (Bloomberg & Volpes 2019:233). In order to ensure the accuracy of the research data and findings, the researcher applied the following areas of reliability: credibility, confirmability, dependability and transferability, which will be discussed next.

3.8.1 Credibility

Bloomberg & Volpe state that “This criterion refers to whether the participants’ perceptions match up with the researcher’s portrayal of them. In other words, has the researcher accurately represented what the participants think, feel and do?” (2019:202). The researcher's biases were disclosed in order to assess the study's reliability and to comprehend the impact that data interpretation had on it. In order to make sure that the researcher's own biases don't affect how participants' opinions are presented and to assess the reliability of the results, the analyzed and interpreted data are returned to the participants to evaluate the version made by the researcher to suggest changes if they are not satisfied with what was reported by the researcher. Another credibility strategy in qualitative research is peer debriefing by seeking support from colleagues to review the field notes and data. The researcher's supervisor provided feedback throughout the dissertation process. Feedback from the mentor assigned by study supervisor assisted to improve the quality of findings and enhance the accuracy of the study (Bloomberg & Volpe 2019:204).

3.8.2 Dependability

Dependability is essential to trustworthiness because it establishes the research study's findings as consistent and stable. The researcher aims to verify that the results are consistent with the raw data collected and ensure that if some other researchers look over the data, they will arrive at similar findings, interpretations, and conclusions about the data (Bloomberg & Volpe 2019 204). In this study, the researcher discussed the research process and the findings with the academic supervisor. This quality check ensures no missed data in the research study or that the researcher was not erroneous in the final report (Bloomberg & Volpe, 2019; Davis, 2021).

3.8.3 Conformability

Confirmability in qualitative research refers to the degree to which the results could be confirmed or supported. This confirmability involves the research study's confidence based on the participants' narratives and words rather than potential researcher biases. Confirmability also can be described as the idea of objectivity in qualitative research, but qualitative researchers do not claim to be objective, nor do they strive to achieve objectivity (Bloomberg & Volpe, 2019:204-205).

Confirmability is an audit trail that details the process of data collection, data analysis, and data interpretation. Confirmability is about demonstrating the decisions made during the research process. The researcher needs to identify and uncover the path of decisions made through the research process and trace data back to its origins (Bloomberg & Volpe, 2019). During the confirmability process, the investigator will record the unique and interesting topics during the data collection, write down the thoughts about coding, provide a rationale for merging codes and explain the themes. The details can help provide valuable insight for readers to understand how the themes emerged from the data.

3.8.4 Transferability

When the results are transferrable to other contexts or settings, it is equal to external validity. Transferability provides readers with evidence that the researcher's findings could apply to different contexts, situations, times, and populations. The qualitative research objective is not to produce truths that can be generalized to other people or settings but rather to develop descriptive context-relevant findings that can apply to broader contexts while maintaining context-specific richness (Bloomberg & Volpe 2019:205). Transferability is providing a "thick" or detailed description and purposive sampling. The detailed description of this study will include a rich and extensive set of details concerning the study's setting, research participants, their related experiences, and interactions

(Bloomberg and Volpe 2019:205). Purposive sampling concentrates on people with particular characteristics who will better assist with the relevant research to answer a research study's question (Etikan, Musa, & Alkassim 2016:2). The individuals selected to participate in the study have experienced the same phenomenon of bereavement in isolation during COVID-19. They are members of the Methodist Church of Southern Africa, in City of Tshwane Metropolitan. This information will help other researchers to replicate the study with similar conditions in different settings.

3.9 DELIMITATIONS AND LIMITATIONS

According to Bloomberg & Volpe, "Study limitations are those aspects of the design or technique that had an impact or influenced the interpretation of the results from your research." These limitations on transferability, practice-relevant applicability, and/or usefulness of findings are the outcome of the study's design choices (2019: 207). On the other hand, delimitations relate to the qualities that specify and make clear the conceptual limits of the investigation.

3.9.1 Delimitations

This study was limited to members of the Methodist Church in the City of Tshwane Metropolitan Municipality. These members came from the different societies. This study explicitly focused on widows who lost their spouses due to COVID-19 and the clergy in the different societies in the Tshwane Metropolita. For the purpose of this research, five widows and six ministers were identified, and the ages of the participants were above 18 years. Therefore, having limited this research to this group of people, this research might not be relevant to other religious orientations besides the Methodist people or mainline churches.

3.9.2 Limitations

The researcher is a minister in one of the Methodist Churches in the City of Tshwane Metropolitan Municipality where the research was conducted. This might be a limitation because of the respect she commands as a minister, and her subjectivity might be in question. As a result, the researcher selected Methodist members from other congregations in the City of Tshwane Metropolitan Municipality and did not focus on the members the researcher ministers to. This research was limited to people who had experienced bereavement due to COVID-19 between April 2020 to December 2021, and who were members of Methodists Churches in the City of Tshwane Metropolitan. Therefore, having limited this research to this group of people, this research might not be relevant to other religious orientations besides the Methodist people or mainline churches.

Since the researcher had a limited budget to conduct the study, several aspects of the methodology had to be tailored in line with the budget. For instance, the choice of the sample and data collection techniques were influenced by financial constraints imposed on the thesis.

3.10 ETHICAL CONSIDERATIONS

Ethical issues needed to be considered during the planning of the research and not only during data collection. Creswell confirms that; “During the process of planning and designing a qualitative study, researchers need to consider what ethical issues might surface during the study and to plan how these issues need to be addressed. A common misconception is that these issues only surface during data collection” (2013:56).

Hence, researchers need to be alert of any eventualities as they start planning and designing qualitative research. There is a need to plan for any ethical issues from the start of the research planning. Creswell add that; “They arise however, during several phases of the research process, and they are ever expanding in scope as inquirers become more sensitive to the needs of participants, sites, stakeholders, and publishers of the research” (2013:56). The research has to take into cognisance the ethical issues as they arise in the different research phases and tackle them accordingly.

To protect sampled persons from any negative impact, this study follows the regulations and guidelines stipulated by the University of Pretoria Research Ethics Committee. Hence, in order to uphold high ethical standards, the following measures were adhered to: (1) **Informed Consent** – all respondents and participants were notified beforehand of the nature of the research, the researcher ensured that a statement regarding the purpose of the inquiry was provided to all participants of the study, which outlined participant’s role in the study and how the information they provided was to be used and their consent was be sought prior to the participation in interviews (Welman *et al.* 2005:201). (2) **Right to Privacy** – the identities of participants and their opinions were treated with the strictest of confidence. The participants were assured that their identities would remain anonymous. To achieve this, coding was utilised when interpreting the data collected. (3) **Protection from harm:** the respondents were assured that they will not be subjected to any physical and emotional harm” (Welman *et al.* 2005:201). (4) **Self-determination**- All participants were informed in advance of their right to be free from any kind of coercion and to ask questions, withhold information, and withdraw from the research at any time. (5) **Honesty** – findings of the study will be reported honestly. In particular, this will also apply should the results turn out to be unfavourable or different from the author’s expectations. (6) Only

participants 18 years and above were allowed to participate in the study. (7) The data collected from this research remains the property of the University of Pretoria, same will be data that were obtained during the research process will be kept safely for a minimum of 5 years.

Research activities only began after receiving ethical clearance from the Faculty of Theology and the Bishop of the Limpopo Synod, under whose jurisdiction the Methodist churches in the City of Tshwane Metropolitan fall, in order to guarantee that the researcher is bound and upholds all necessary ethical standards. In addition, given the sensitive nature of the research topic, the researcher identified a psychologist who would be available to assist the participants in case the interviews opened up old wounds which may lead to an emotional breakdown (Mokutso 2019:62)

The researcher took care of the following during the research to make sure the aforementioned rules and expectations were followed at all times:

- An ethical clearance was requested from the University of Pretoria's ethics committee before the interviews was commenced. All necessary ethical requirements of the institution were met, (Mokutso 2019:63).
- A letter of permission to conduct the study amongst the Methodist Church members in City of Tshwane Metropolitan was requested from the District Bishop.
- The participants received the information document with the consent forms before the interviews were conducted, (Mokutso 2019:63).
- Those participants who decided to change their mind before or in the middle of the study were not forced to participate, as stipulated in the interview consent forms, (Mokutso 20-19:63).

3.11 PRELIMINARY CONCLUSION

This chapter covered the following topics in detail: research methods, study population, sample size and sampling, study tools, validity and reliability, method of data processing, and ethical issues. Additionally explored in depth were Pollard's positive deconstruction model and Gerkin's shepherding model. The purpose of this chapter was to clearly define the strategy the researcher intended to use to accomplish the stated study goals. The COVID-19 pandemic and the effects this had on bereavements will be discussed in the next chapter.

CHAPTER 4: THE IMPACT OF COVID-19 ON BEREAVEMENTS

4.1 INTRODUCTION

The methodology for this study, a qualitative approach, was covered in the preceding chapter. The pastoral response to the widows who lost their spouses to COVID-19 was supported by the adoption of Gerkin's shepherding model buttressed by Pollard's positive deconstruction theory. This chapter explored the COVID-19 pandemic and the impact this had on bereavements. The safety regulations which were put in place by the government to control the spread of the virus was also be discussed. A comparison of COVID-19 to previous pandemics was highlighted. The chapter also covered the church's response to COVID-19 with regards to bereavements. The five stages of grief by Elisabeth Kűbler-Ross was presented to help understand what the emotional impact the COVID-19 bereavements had on the widows under study. A discussion on the COVID-19 pandemic follows in the next section.

4.2 THE COVID-19 PANDEMIC

Rampsard noted that, The COVID-19 pandemic in South Africa was part of the ongoing pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Rampsard adds that, according to the World Health Organization (WHO), COVID-19 is a contagious illness brought on by a recently identified coronavirus, Even though researchers have not been able to identify when the coronavirus first appeared in people, COVID-19 is a genuine and dangerous disease. By October 29, 2021, the illness had spread to six different continents and resulted in more than four million global fatalities due to severe symptoms and complications (2020: 134-135).

The spread of the virus to South Africa was confirmed by the Minister of Health, Zweli Mkhize on 5 March 2020. The first patient to test positive for the virus in South Africa was a male citizen who had visited Italy. As a result of this observation, the President of South Africa, Cyril Ramaphosa, declared a national state of disaster, on the 15th of March 2020 and announced measures such as immediate travel restrictions and the closure of schools from 18 March (Rampsard 2020:134).

The COVID-19 pandemic was generally accepted to originate from Wuhan in China and this pandemic extended globally The coronavirus disease (COVID-19) pandemic was caused by a highly contagious and pathogenic form of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) that first emerged in Wuhan province, China in December 2019 (World Health Organization [WHO], 2020a). According to the latest data

(as of April 6th, 2022), more than 490 million people worldwide have been infected with COVID-19 and over 6 million people have died due to the disease (WHO, 2022). With each death that occurs, there are loved ones who will be deeply impacted by the loss. In some cases, the bereaved were also infected by the virus at the time of death of their loved ones, making social support with close family members very difficult and this added to the trauma of bereavement.

Various studies have shown that, people who have lost a loved one due to a pandemic may develop mental health issues (Horesh 2020; Burrell & Selman 2020). Individuals who lost a loved one through COVID-19 showed greater degrees of grief than those who lost a loved one naturally, according to Eisma *et al* (2020). This finding would suggest that deaths linked to COVID-19 may increase the probability of unfavourable bereavement outcomes. This finding would suggest that deaths linked to COVID-19 may increase the probability of unfavourable bereavement outcomes. Additionally, understanding how COVID-19 affected the deceased might be helpful for providing bereavement support during the pandemic. Understanding the effects is crucial because it might be used to assist grieving families and educate the clergy in the MCSA about the need for continuous post-bereavement support.

Taylor & Moji claim that, most individuals who were infected with the COVID-19 experienced mild to moderate respiratory disease and recovered without the need for special care. COVID-19 infection increased the risk of serious illness or mortality in older persons and those with underlying medical conditions such heart disease, diabetes, chronic lung diseases, and cancer. When an infected person coughs or sneezes, saliva droplets or discharge from the nose serve as the main transmission mechanisms for the COVID-19 virus, (2021:50). This was the reason why facemasks and physical distancing at least 1 meter were made compulsory by the government to minimize the transmission of the virus.

The COVID-19 pandemic created a new meaning and perspectives about time, space, human contact, connection, and the critical role those have in creating stability. The definition and understanding of the terms' isolation, quarantine, and social distances took on new meaning and purpose during the pandemic. While these terms were once descriptive of dangerous human conditions, they became social requirements (Stoman 2022:15).The social requirement of physical distance also meant that the healthcare workers could not be with the bereaved families to comfort them and neither could the clergy who normally come in to pray with the families.

South Africa was not immune to the COVID-19 pandemic. The virus spread to South Africa, according to the former minister of health Zweli Mkhize, who made the announcement on March 5, 2020. The country's first patient was a male citizen who tested positive after returning from Italy (Department of Health 2020). The President of South Africa, Cyril Ramaphosa, declared a national state of emergency on March 15, 2020, and made announcements on travel restrictions and the closure of schools with effect from March 18, 2020. On 17 March 2020, the National Coronavirus Command Council was established, “to lead the nation’s plan to contain the spread and mitigate the negative impact of the coronavirus” (Ramaphosa 2020).

With the continued rapid increase in COVID-19 infection cases, President Cyril Ramaphosa addressed the nation and declared a 21-day national lockdown that would last from midnight on March 27 until April 16, 2020. The South African National Defense Force (SANDF) sent into the communities to support the government on enforcing this lockdown, (Rampsard 2020: 125). Due to the continuing increase in the number of affected people, this lockdown was extended until the end of April. The lockdown was the most severe in both the entire world and on the continent of Africa as it brought a halt to many activities of life including dealing with death and bereavement, (Khosa-Khatin & White 2021:1).

4.3 THE IMPACT OF COVID-19 SAFETY REGULATIONS ON BEREAVEMENTS

Accordingly, funeral attendance was restricted to family members only and was capped at 50 individuals by regulations created by the Department of Cooperative Governance and Traditional Affairs (COGTA) under the Disaster Management Act of 2002. Additionally, the Department of Health published the following regulations on the treatment of human remains, (Bank, Sharpley & Paterson 2021:2).

- *“Should someone with COVID-19 die at home, family members were not allowed to handle the body themselves. Emergency Medical Services (EMS) should be alerted, and an undertaker must remove the body.*
- *The bodies of those who passed on due to COVID-19 were to be transported in body bags.*
- *Families viewing the deceased’s body should wear gloves and masks and this body viewing was only allowed for a few family members, only one at a time and viewing*

could only take place at a mortuary. The health department discouraged family members from washing and preparing the deceased's body themselves.

- *Night vigils were prohibited.*
- *Only close family members are allowed to attend the funeral of a person who died of COVID-19. Funeral services should be kept as short as possible and cannot exceed two hours. Individuals, who have COVID-19 at the time of a funeral, are barred from attending burial services. Individuals handling the body at the burial should wear personal protective equipment (PPE) and wash their hands upon completion of the burial process. These regulations denied people from observing bereavement processes*." (Bank, Sharpley & Paterson 2021:3-4).

In most of the world's nations, including Africa, the pandemic put an end to congregational burial services and communal prayer at many major churches, synagogues, mosques, and temples. As a safety measure, the hospitals in turn likewise barred visitors from entering. According to Chen, "These restrictions stripped the opportunity for the bereaved to say a proper goodbye to the deceased prior to and after death, which could lead to complicated grief" (2022:3).

These difficult circumstances increased the burden for family members dealing with the loss of a loved one during the COVID-19 pandemic. Comprehending the reality of a loss is difficult under any circumstances, but even more so when the death is sudden and a loved one is left to die alone (Goveas and Shear 2020). COVID-19 changed how individuals experienced the bereavement process due to required safety and isolation requirements. After the death of a loved one, the individuals have to mourn without familiar rituals and traditions that aid in processing the loss, in order to facilitate closure. This process would have allowed families to honour the life of one who has passed away. Limitations to gatherings, travel and visitations to hospitals and nursing homes instilled a sense of disconnect and cultivated a disturbing bereavement experience (Stroman 2022:9).

In addition to becoming a focus of intense preoccupation and guilt after the death of her husband, the widow presented in the background story, Mavis' inability to visit her husband left her with a strange feeling of uncertainty about his death. She had trouble understanding how her husband, her best friend, could really be gone. In her mind, he was young and healthy the way he had been when she last saw him. The next section discusses the church's response to COVID-19 bereavements.

4.4 THE CHURCH'S RESPONSE TO COVID-19 BEREAVEMENTS

The COVID-19 epidemic had a detrimental effect on how the Church responded to God's call to serve Him and those who needed pastoral care. When responding to how the COVID-19 pandemic had affected him a colleague in ministry had this to say,

"I was burying about five congregation members per week; this drained me emotionally. I knew that I had a duty to fulfil as a minister; I therefore started seeing burials as a profession, something that I was employed to do. That way, I continued to conduct funerals but was totally detached from the bereaved", (Buthelezi August 2021).

The Bible tells God's people that each person must submit to their governing authorities, because there is no government that is not from God; and the governments that exist are established by God. In addition, whoever opposes the government actually opposes the decree of God, and God will bring judgment upon them (Romans 13: 1-2). Thus, the right course of action for God's people at the time of this pandemic was to follow what the government instructed, because it was done for the good of the people. The decision of the communities to bow down, and close churches, and stop gatherings for worship to support those who were bereaved during the COVID-19 pandemic was an act of faith that must be done by God's people.

However, in this uncertain situation, many were not able to observe the rituals that help them to mourn. Some had to face the journey of impending death of a loved one alone without the support that would normally be there from their clergy. In such conditions, the bereaved need someone to talk to and share a struggle with. Some bereaved members of the church, like the widows under study, have not yet recovered from their trauma of loss. There is, therefore, a need for the church and God's people to rise and form small groups that can care for one another, build one another and help one another. This is the next act of faith that God's people need to do. (Ratnasari, 2020). This care and compassion is mostly needed now as many people are faced with complicated grief due to COVID-19 pandemic.

Because people were prohibited from mingling and mixing with others for fellowship, worship, or any other social gathering, the worship and koinonic part of the church, which defines its fundamental nature in terms of fellowship, brotherhood and sisterhood, was annihilated. Social estrangement, use of masks and sanitization appeared to convey the

idea that a fellow human being was a danger to the health of others and should be avoided. Here the message, both explicit and implicit, was that one can avoid getting the virus by staying away from- people, making social isolation the acceptable norm, (Magezi 2022:5). Under these circumstances, the church had to find different ways of conducting worship services. However, this had a negative impact on those who were experiencing bereavements as they were deprived of the support that they needed most.

Some churches with the privilege of technology resorted to virtual memorial services and live streaming of the funeral services, in order to create opportunities for people to say goodbye to their members (Hanna et al., 2021). However, it is unclear whether these virtual funeral services assisted the bereaved individuals grieve and adapt to loss. Although technology provided an opportunity for people to remain connected while being apart physically, it cannot substitute for human contact such as kisses and hugs as these are the very rituals that provide a sense of closure to the bereaved family. *Vijay et al* noted that "Depriving bereaved family members of a final opportunity to touch their loved ones may interfere with the process of grief", (2020:90).

Bereavement ministry was the most needed care during the COVID-19 pandemic; however, this was affected negatively by the safety regulations, which limited gatherings.

4.5 FUNERALS AND BURIAL RITUALS IN THE AFRICAN CONTEXT

For most Africans, funerals involve a combination of both traditional and Christian elements. African funerals consist of pre-burial rituals, burial rituals and post burial rituals. African scholars argue that death brings together the three dimensions of time: the past, the present, and the future, (Khosa-khatini & White 2021:3). To affirm this, Masango (2006:935) submits that the notion of death creates a solution of continuity between the living and the dead. According to Mwakabana & Lutheran World Federation (2002:47), in African communities, burial is seen as a theatre where ancient rituals and ceremonies are enacted by the living to appease the dead, and this is to ensure the future.

Under the African cultural worldview, burial and mourning rituals are justified on several grounds including the need to pay due respect to the dead, protect the widows from attack of evil spirits, and to even encourage the living towards good deeds (Ewelukwa 2002:444). Ademiluka noted that death in Africa, as in the Old Testament, is accorded the most important significance in midst of the other rites of passage (2009:9). According to Mhaka

“When a person dies, a ritual must be conducted to inform his consanguine of the death so that they will not encounter misfortunes,” (2014:9). Mhaka adds, “Death is believed to bring about mystical danger to the consanguine of the deceased. The ritual of informing the relative is meant to protect the consanguine of the decease. All relatives are usually informed about the death either by word of mouth or by some ritual act (2014: 9). In the Shona culture, which the researcher is part of, if there is a death, a family member is sent to go and officially inform the parents of the deceased, or the in-laws if it is the husband. Until this messenger has arrived, they will not come to the deceased’s home. With time limitations during the COVID-19 pandemic, rituals like these had to be dismissed.

In this context, Africans communicate with their ancestors. Sacred communication enables ancestors to remain in contact with descendants for quite some time. Mwandayi notes that there are several rituals that follows death though reasons behind some of them remain unknown. He adds that, from a liturgical perspective, integration hereby means that the culture will influence the way prayer formularies are compassed and proclaimed, ritual actions are performed, and message proclaimed in art forms, (2011: 78).

As part of the pre-burial rituals in many African communities, the family and members of the communities bring the body of the deceased home for the final viewing. It is also a way for the deceased to spend their last night in their home before they embark on to another life in the land of the ancestors. Some families perform rituals praying to the ancestors to welcome the new ancestors in their fold. Some perform rituals to get the spirit of the dead person to leave the house. Some African communities also use this period as an opportunity to place the deceased’s favourite items such as clothes, favourite plate or spoon in the coffin. Because of these beliefs, it is important for Africans that the deceased are brought home the day before the funeral. If it is not done, it is believed that the spirit of the dead will not rest in peace and will return to the house and cause misfortune for the family, (Khosa-Khatini & White 2021:3-4). The researcher has experienced the importance of this ritual among her family and congregation members. As a woman of the cloth, the researcher has been present at homes of the deceased to “receive” the body for overnight stay before the funeral. At the burial of the researcher’s mother, a plate, cup and spoon were placed on the grave, as there is a belief in the Shona culture that the deceased uses these in their afterlife.

The second stage of the burial rituals is performed at the burial site. It is usually preceded by prayer to the ancestors to accept the dead and ends with the practice of throwing soil

onto the grave by hand (Mbiti 1999:128). The researcher was traumatised when watching a burial of her friend's mother during a virtual service. The undertakers who carried the coffin to the grave were dressed in full personal protective clothing. The family were not allowed to put soil in the grave, and they were standing very far away from the grave as if they were not part of the procession. The grave digging machine was used to put the soil into the grave.

From the grave, the mourners proceed to the home of the deceased where everyone is expected to wash their hands at the gate before entering the yard. This is done to prevent death from following the individuals, (Choabi 2016: 42). For some cultures, the last part of the funeral rites take place the following morning where the family gather and distribute the belongings of the deceased. Among the Xhosas and the Basotho people in South Africa, the hair of the next of kin is shaved and the widow is dressed in mourning clothes, normally black.

For centuries in Africa, rituals like night vigil and viewing of the body have been norm and are regarded as a dignified way to bid farewell to the loved ones. These practices were not permitted under the COVID-19 protocol. Khosa-Khatini & White highlighted that scientific observations of the spread of COVID-19 pandemic show that burial rituals and funerals are among super spreader of the deadly coronavirus, (2021:3). Furthermore, they added that "African liturgy is challenged due to the restrictions as a result of COVID-19, because the above-mentioned ritual among others requires the community and family to be there from the day the death is announced until the day of the funeral" (Khosa-Khatini & White 2021:5).

Large extended families come together in rural places to say goodbye to the departed and help them enter the afterlife in peace and dignity. Families from the old Transkei still prefer having their loved ones laid to rest on the family homestead, (Bank, Sharpley & Paterson 2021:3). Similarly, the following is the usual pattern funerals follow, "The young women from the community assist prepare the homestead and the food for the mourners whilst the young men assist with the digging of the grave. The body is brought home, physically and spiritually. Family members may wash and dress the body at the mortuary. On the eve, the coffin with the corpse is placed in the main house where a vigil is held. The next morning, the body is moved to a tent in the yard where a larger gathering assembles and family members and friends may speak before the coffin is carried to the gravesite", (Bank, Sharpley & Paterson 2021:3).

In Xhosa tradition, it is important that the funeral is performed properly as this may cause continuous suffering on the family. The family may need to spend money on costly rituals to appease the deceased, (Bank, Sharpley and Paterson 2021:3). The researcher was informed a family that slaughtered a cow and twelve sheep in honour of the deceased's death wish for his funeral. The challenge for the family was that the gathering was only limited to fifty people, however fear of disrespecting the dead preceded reason. The discussion that follows focusses on how the COVID-19 pandemic affected funeral rituals and the grief process.

4.6 THE IMPACT OF COVID-19 PANDEMIC ON FUNERAL RITUALS

Death rites of passage, rituals and funerals are valuable and therapeutic and have an emotionally and spiritually beneficial effect for the bereaved. Gadberry defines a funeral as a ritual of termination, a time to show respect, say goodbye and honour the dead (2012:161). In one of the Nguni (Isizulu) traditions, burial has two distinct names, "ukutshalwa" (to inter the human remains – only used for a burial of a king) and "ukungcwaba/ukufihla" (meaning 'burial' used for the burial of any person). Lee & Vaughan wrote that Africans do not cut themselves off from their dead but exist in relation to the world of the dead; the ancestors (2008:344). In addition, Ukwamedua agrees that Africans have always seen ancestors as an important aspect of the constitution of the African past-life that influences the present and future. Thus, in Africa, the living and the dead together constitute the spiritual world, where a connection is sought through specific appeasement processes (2018:25). However, the COVID-19 pandemic seems to have created a spiritual estrangement, with significant consequences in traditional communities where the physical world and the spiritual world appear to be in disarray. This confusion emanated from the COVID-19 burial guidelines prescribed by the Department of Health.

During the adjusted COVID-19 Alert Level 2 which was put in place in September 2021, attendance to funerals was limited to a maximum of 50 people. This number included family and mourners. In addition, upon death, the human remains had to be buried within 72 hrs (Gazette 45156 of 12 September 2021). The challenge with these guidelines was that, in the African culture, some communities perform elaborate funeral and burial rituals. These cultures believe that the last send-off is a rite of passage that gives families a final opportunity to show their love and appreciation for their departed loved one. The Department of Health's COVID-19 guidelines seemed to oppose such traditional practices,

as families had no access to their loved one's remains to perform any rituals. Moreover, the human remains could not enter the deceased's home because it was believed these remains could be infectious. The family members' inability to perform traditional funeral and burial rituals resulted in an incomplete mourning process and fear among the family. The fear was that the world of the living dead would be brought into confusion.

Ndemanu (2018:70) claims Africans believe in a higher being according to the traditional and spiritual knowledge passed on to them by their ancestors. The above is illustrated in how they practice their beliefs based on their different ethnic traditions. Traditional belief is a pillar supporting the interconnectedness among African tribes. According to Akande (2013:141),

"Africans have always been inclusive in their existence, by believing that humans are not the only tenants of the universe but believed that the universe is a realm for humans and spirits, in which the Supreme Being is believed to preside over plethora of sub-divinities and ancestral spirits"

Different ethnic groups have always followed specific rituals during burials, and although burial traditions vary among ethnic groups, they share a common belief in a life after death. Burials are thus conducted with the afterlife in mind, and the deceased is treated as a messenger to the spirit world. During the funeral and burial preparation week, the deceased acquires a new name, "mufi" (Shona for "the deceased"), and the family handles the human remains with the utmost respect, as though they are caring for their loved one in life.

Funeral rituals across the various religions, such as the Christians and Hindus, include recitation of prayers, in order to ask for forgiveness for the dead and peace as well as strength for the family, social gatherings in the form of a wake or communion to assist the family and society in coping with the death of loved ones, as well as other rituals such as the washing and dressing of the deceased. These funeral rituals and practices are widely seen as necessary, and any restrictions on them may severely reduce the psychological process of healing and support for the bereaved, and can severely impact on the mourning process for their families, (Shrestha, Krishan & Kanchan 2020:3).

4.7 PREVIOUS PANDEMICS

There have been several pandemics that hit the world with devastating consequences upon church and society. Throughout history, the church has been caught at the centre of several diseases like: The Black Death in the fourteenth century which killed about one-third of the population in Europe between 1347 and 1350 (Bongmba 2007:20); Spanish Flu Pandemic (1918-1920), Asia Flu (1957-1958), AIDS Pandemic and Epidemic (1981 to present day), H1N1 Swine Flu (2009-2010), West African Ebola Epidemic (2014-2016), Zika Virus (2015-present day) (Garba 2021:96).

The multiplicity of loss associated with pandemics impacts upon cultural norms, rituals and the usual social practices which are associated with death and bereavement. This potentially increases the risk of complicated grief. The difference though between the other pandemics and the COVID-19 pandemic was the total lockdown and the lack of usual support structures like the church and community members during the funerals, which had a huge impact on those who were bereaved and in need of pastoral support.

In order to deal with the COVID-19 pandemic, the researcher is using HIV/AIDS as an example as this affected communities in the world. HIV/AIDS is seen as a “gendered pandemic” (Denis 2003:73), and therefore lessons learnt from how the church responded to this pandemic will assist the researcher in recommending a healing model for the widows under study. According to Musa Dube “HIV/AIDS is not a disease out there”, (2009:17). The HIV/AIDS pandemic touches on the very core of the community, namely, the human family. It is a pandemic within families, churches and communities.

However, most importantly, HIV/AIDS affects the most vulnerable members of our human family, namely, women and girls. The researcher agrees with the fact that women are vulnerable due to the cultural and patriarchal norms that surround them, hence, the focus of this study is widows and not widowers. Stigmatization was also seen among those who were associated with the coronavirus, as seen in the widows under study. That caused more pain as they felt lonely even during their time of mourning. The stigma of COVID-19, in the present context, could be understood as a social process that sets to exclude those who are perceived to be a potential source of disease and may pose a risk to the effective social living in the society (Bhanot, Singh, Verma & Sharad 2021:2).

From a pastoral perspective, the church has got many lessons to learn from the HIV/AIDS pandemic as she responds to the COVID-19 bereavements. A good learning opportunity for the church as she responds to the pastoral needs of the bereaved widows is that HIV/AIDS has created new opportunities for the church in Africa. It has opened up a space for caring, compassion, creative thinking, collaboration, and combat. (Bonmba 2007:5). Learning from recent infectious disease outbreaks and the subsequent impact on grief and bereavement may guide current care to support families before the death, as well as inform service developments for the provision of ongoing post-bereavement support after deaths from COVID-19.

4.8 STAGES OF GRIEF

Elisabeth Kübler-Ross proposed in her Psychological Theory that a person would go through five stages when confronted with the imminence of finitude: denial (and isolation), anger, negotiation or bargaining, despair, and acceptance (1969). Her research on "death and dying" gave the medical community insight on how to treat the terminally sick with respect by being aware of their needs and emotions. Kûbler-Ross' innovative work served as the foundation for contemporary end-of-life care programs like hospices for the terminally sick, (Matshobane 2020:108). In 2005, posthumus publication of her book with David Kessler, "On grief and mourning" took place. This book is seen as development to the first publication written in 1965 as it utilizes the five stages that the terminally ill went through as a foundation for those experiencing bereavement, (Matshobane 2020: 108).

The fundamental claim is that both individuals who are mourning and those who are dying are going through loss. While the latter is dealing with the death of a loved one, the former is dealing with a loss of health. Since loss is a topic covered in both works, the stages are consequently viewed as the five stages of loss. These stages serve just as aids for framing the emotions felt following a loss. Therefore, it is unlikely that everyone who is grieving will go through the five phases in the same sequence and at the same time. It's possible that certain stages won't be encountered (Kûbler-Ross and Kessler 2005:7). We'll talk about each step as it is described by Kûbler-Ross and Kessler in the next section.

4.8.1 Denial

Denial among those who are terminally sick differs from that of the bereaved. The former is demonstrated practically by continuing to perform the daily chores for as long as one still feels strong enough. However, this individual is not open to conversation regarding their incurable illness, (Matshobane 2020:94). Denial for the bereaved is emotionally indicated when a person finds it difficult to accept the fact that a departed loved one will

never again enter through the door as normal. When hearing the news of a loss, shock and numbness are the initial feelings of denial, especially when it involves a quick death like the COVID-19 epidemic. Denial may persist even after the funeral, when the grieving person psychologically still anticipates the departed entering the house as normal. Nature deals with the agony of loss via shock and denial. It serves as a coping tool to help the mind digest the loss in manageable chunks. At this point, it is still possible to continue informing individuals who inquire about your loss. Another method of coping with the trauma of loss is via storytelling. After some time of recounting the events surrounding one's loss, the reality of the loss begins to set in (Kûbler- Ross & Kessler 2005:8–10).

The researcher remembers the experience of denial when her mother died in 2020. Her grandmother fainted when the coffin was being carried to the graveside. The researcher believes that during this stage, a pastoral care-giver will be able to journey with the mourning person until they have found their way around the loss.

One's awareness of reality grows as they probe more into the circumstances of the loss. While accepting the truth of loss is the first step toward healing, it also brings out previously repressed feelings that make the grief feel even worse. According to Kûbler-Ross and Kessler (2005), this is what might trigger anger, which is the following step (2005:11).

4.8.2 Anger

One might direct their anger at a lot of different things. In the case of bereavement due to COVID-19, anger may be directed towards the deceased for failing to protect themselves from the virus, or at oneself for having failed to take better care of the dead. A doctor's negligence in not performing a better job and making an effort to save the deceased's life might be the target of anger. Anger may also be aimed towards the departed for giving up on life and leaving their relatives behind to fend for themselves when they might have been working together to care for one another. Other emotions, such as sorrow, pain, loneliness, and anxiety, are likely to arise with anger but are suppressed until a person is ready to cope with them (Kûbler-Ross & Ross 2005:11–12). Anger will take different forms and appear at different times throughout the healing process, but it is one of the important stages.

During the process of healing, some people may choose to project their anger against one of the essential phases, and it will appear in various ways and at various times. Some people may express their rage at God by asking him why he permitted their loved ones to pass away. Questions like: How is it that despite petitions being made to him, God was unable to prevent death? Where is God's love in this circumstance if he is love? Some

people could even believe that God permitted death to occur as a form of retribution against them, (Kûbler-Ross and Kessler 2005:12–13) Many religious persons struggle to reconcile their beliefs with loss.

The researcher recalls an incident where a neighbour whose mother had died came to the village with a gun and was threatening to shoot the alleged witch who had bewitched his mother. The village elders had to calm him down and took the gun way for safe keeping. This portrayal of anger can be observed in families who have lost a loved one in a traumatic way as seen in COVID-19 deaths.

Anger may have a good aspect, particularly for someone whose sorrow has left them feeling as though they are, “lost at sea with no connection to anything”, (Kûbler-Ross & Kessler 2005:15). Some people experiencing grief may project their anger towards certain individuals, maybe a person who did not attend the funeral, or someone who is different now that their loved one is dead. This shifting of anger towards these people gives grief a structure. Anger becomes the bridge over the open sea, a connection from the bereaved to the other people. Anger becomes something to hold on to, and a connection made from the strength of anger feels better than nothing. (Kûbler-Ross & Kessler 2005:16).

Kubler-Ross & Kessler advice,” Do not bottle up anger inside. Instead, explore it”. (2005:16). There are healthy and effective methods to communicate this anger. The downside of anger is separation from family and friends. No one wants to be around an angry person. Due of this, it's crucial that individuals close to the bereaved are counselled to be patient with them, not get annoyed by their attitude, and to not try to pressure them into getting over their anger. Rushing this process just makes it take longer to heal, while letting it go at its own pace encourages the recovery to reach its full potential (Kűbler-Ross and Kessler 2005:16). The bereaved get exhausted by their anger, which prompts them to consider alternative ways of life, such as the below example of bargaining.

4.8.3 Bargaining

The bargaining starts while the loved one is still struggling with their health and maybe hospitalised and the family has been informed of the impending death. In the bargaining stage, someone is lost in a network of “if only…” or “what…” declarations and thinks that they could have done things in a different way. This stage of negotiation is associated with guilt. There is a negotiation which one engages in with God to restore the state of things before the loss. Some may negotiate with the pain and will do whatever it takes to avoid the grief. The bereaved may promise to do what one perceives to be what God wants e.g. to be a better spouse, a better parent or a better friend if only God can bring back the life

of the deceased. During the bargaining phase, the bereaved may plead with God to protect the remaining family members from dying the same way as the deceased. Bargaining can be a useful in assisting the bereaved to adjust temporarily from their emotions to in order to keep the pain subconsciously at a distance. However, the mind inevitably comes to the tragic reality that the loved one is truly gone. This is when depression sets in, (Kûbler-Ross & Kessler 2005:17-20).

4.8.4 Depression

Stroman defines depression as, “A state of low mood dislike to activity that can affect a person's thoughts and behaviour, feelings, and physical well-being; they may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless”. (2022:24). She adds, “Depression does not describe an individual's state of mind, but it refers to a range of feelings and thoughts that people may experience differently in different situations”, (2022:24).

After negotiating, our focus is firmly engrossed in the moment. Grief permeates our life on a deeper level than we ever thought when empty feelings start to appear. It seems as though this depressed phase will never end. It's critical to realize that this depression is not an indication of a mental disorder. It is the proper reaction to a significant loss. We get depressed and retreat from life, possibly questioning if it is even worthwhile to continue living alone. Why even continue? Too frequently, depression following a loss is viewed as an unnatural condition that needs to be treated or overcome. Whether or not the circumstance you're in is genuinely depressing should be your initial thought. Depression is a common and acceptable reaction to the tragic event of losing a loved one. It would be odd not to experience depression after a loved one passes away. The realization that your loved one didn't get better this time and isn't coming back is obviously upsetting once the reality of loss has truly sunk into your soul, (Kubler-Ross & Kessler 2005:20-21). According to Kubler-Ross & Kessler, “If grief is a process of healing, then depression is one of the many necessary steps along the way”, (2005: 21). It is for this reason that normal depression following the death of a loved one should be allowed to have “its place”. When normal depression becomes clinical depression requiring professional help, antidepressants may be helpful, (Kubler-Ross & Kessler 2005: As difficult as it is to endure, depression has elements that can be helpful in grief. It slows the bereaved and allows one to take real stock of the loss. It allows people to to rebuild themselves from the ground up and clears the deck for growth. A mourner should be allowed to experience their sorrow and will be grateful for those who can sit with them without telling them not to be sad, (Kubler-Ross & Kessler 2005:23-24).

4.8.5 Acceptance

Acceptance and the idea of being "all right" or "OK" with what has happened are frequently conflated. That is not the situation. The majority of people never truly feel OK or all right after losing a loved one. At this moment, we must acknowledge that our loved one is no longer physically present and accept that this new reality now prevails. We will never be able to accept this fact or make it OK, but gradually we do. We develop coping mechanisms. We must learn to live with the new standard that it represents. We have to make an effort to live in the present while our loved one is gone. Many people first desire to keep their lives as they were before a loved one passed away when they are opposing this new norm. But through time, as we gradually come to terms with acceptance, we realize that we are unable to preserve the past in its entirety. We must readjust because it has undergone permanent change. We must develop the ability to rearrange positions, transfer them to others, or assume them ourselves. Having more good days than terrible days can be all it takes to find acceptance. We frequently feel as though we are betraying our loved one as we start to live again and enjoy our lives. We can create new connections, meaningful partnerships, and interdependencies but we can never restore what has been lost. Instead of suppressing our emotions, we pay attention to our needs and move, alter, develop, and progress as a result. We might start interacting with people and getting involved in their lives. We make investments in our relationships with our friends and with ourselves. We start to live once more, but we can't until we've allowed grief time to pass, (Kűbler-Ross and Kessler 2005:25).

During the COVID-19 pandemic, the process of mourning was rushed through and some rituals which aid those who had experienced loss in finding closure were limited due to the lockdown safety regulations. However, rituals must be present for there to be a healthy mourning process and development. In all cultures, in the event of someone’s death, the family and its social circle respond in a structured manner based on the meanings shared by their culture. Thereby, there is no death without death rituals. Rituals are indispensable ways to express and solidify bonds, to encourage the sharing of emotions, to value certain situations, to ensure and reinforce social cohesion. Thus, it is essential that family members and friends assist the death process to have the experience of elaborating the grief. In the COVID-19 pandemic, due to the high infectivity rate of the disease, this reality of performing rituals was stolen from the bereaved.

4.9 PRELIMINARY CONCLUSION

This chapter presented the COVID-19 pandemic. According to available literature, this was not the first time that the world was faced with a pandemic. There has been previous

pandemics, and each one had a different impact on the communities of faith. The COVID-19 pandemic was noted as the one that had a challenge on the ministry of the church, that of serving others, due to the safety regulations which were imposed by the governments in order to control the spread of the virus. Though done in good faith, these safety regulations affected the process of grief as some funeral and burial rituals were not permitted by the government. The ministry of presence offered by the church during the time of bereavement was also not permitted as physical gatherings were not permitted. The next chapter will focus on data collection and analysis.

CHAPTER FIVE: DATA PRESENTATION AND ANALYSIS

5.1 INTRODUCTION

This chapter presents the data that were collected from various participants for the purpose of this study to establish the pastoral need of widows who lost their spouses to COVID-19. The data were collected using one-on-one interviews, from five widows who had experienced bereavement, during the COVID-19 period, between April 2020 and December 2021.Six clergy were also interviewed. The focal point will be on the widows' pain, challenges and struggles with the loss of their spouses. The focus for the pastoral caregivers (clergy) was their struggles in providing pastoral care to the widows. The researcher conducted the interviews for the widows. This was a very emotional process hearing at times how the COVID-19 pandemic had taken the care and compassion out of the Nursing Profession. The interviews with the clergy were more manageable emotionally but empowering for the researcher who is still a minister in training.

For convenience of reference and confidentiality reasons, the researcher decided to group the individuals into the following categories: Participants W01 to W05 are the widows who participated in the study and were interviewed. Participants C01 through C06 were assigned to the clergy participants. In order to identify the key concerns that emerged from the interviews, the data are presented by clustering common themes, reflections, and by the ranking of responses. These will validate the study's findings.

The researcher provides a detailed report from each widow that was interviewed guided by the semi-structured questions. Discussions held with the clergy are also presented to substantiate the experience of the bereaved widows. The following section shows the demographics of the participants.

5.2 DEMOGRAPHICS OF PARTICIPANTS

The background information of the participants is given in the first section of this chapter. The researcher was able to identify the fundamental facts about the study participants with the use of the background data. As a result of having experienced bereavement related to COVID-19 in their families and congregations, all of the individuals who participated in this study were deemed to be suitable respondents. The widows had all lost their husbands to COVID-19 or COVID-19 related complications. The clergy had members in their congregation who had passed on due to COVID-19 and therefore had to respond in some form of bereavement support. The demographic data was classified into two separate

groups that represent the participants who were interviewed by the researcher, namely, the widows and the clergy. The following table shows how this data is presented:

Table 5.1: Profile of Widows

Participant Code	Age	Denomination	Years of Church Membership	Place of Birth	Location of Participant	Ethnicity
W01	33years	Methodist	25 years	KwaZulu-Natal	Olievenhoutbosch	Zulu
W02	49years	Methodist	8years	Soweto	Lotus Gardens	Tswana
W03	55 years	Methodist	Since birth	Eastern Cape	Centurion	Xhosa
W04	62years	Methodist	49years	Botswana	Mamelodi	Sotho
W05	52years	Methodist	22 years	Lebowakgomo	Mamelodi	Sotho

Table 5.1 above provides the demographic data of the widows who were interviewed for the study. All the widows who were interviewed had lost their spouses to COVID-19 during the period April 2020 to December 2021. The participants' age ranged from 33 to 65 years. All the participants were loyal members of the MCSA in their congregations in City of Tshwane Metropolitan. One participant has been a member of the church for the past eight years, and the other four members range from 22 to 55 years. The descriptive statistics also reveal that all the participants were not born in Pretoria, which indicates the context in the MCSA congregations in the inner city of Pretoria, hence the term “Inkonzo zamagoduka”, which refers to these Churches as “places of worship for migrants”

Most congregation members in Pretoria are there for work reasons and have got their established membership at the rural home Churches. It is for this reason that most members are buried in their homes of origin, and this requires the Church to travel and support the families. With the COVID-19 pandemic, this became a challenge as inter-provincial travel was banned during level 5 lockdown and as the regulations were relaxed, only close family members could attend funerals as the number of attendees was limited to fifty. According to the demographic information provided, every person who was invited to take part in the study had experienced bereavement related to COVID-19 and also had the necessary knowledge of the MCSA to contribute significantly to the findings of the study.

The demographics of the clergy will now be presented below.

TABLE 5.2: Profile of Clergy

Participant Code	Age	Gender	Denomination	Years Post Ordination	Years at Current Society	Location of Participant	Ethnicity
C01	28 years	Male	Methodist	Probationer	9 months	Mamelodi	Xhosa
C02	56years	Male	Methodist	21years	4 years	Pretoria	Tswana
C03	57 years	Male	Methodist	27	9years	Garsfontein	Sotho
C04	61years	Female	Methodist	Probationer	Been a member since 1996. Started serving as a Probationer in 2018	Soshangive	Tswana
C05	52years	Male	Methodist	10 years	4 years	Pretoria	Tswana
C06	59 years	Male	Methodist	29years	4 years	Saulsville	Sotho

Table 5.2 above provides the demographic information of the clergy who were interviewed individually. All the interviewed clergy had experienced loss through COVID-19 related deaths of some congregation members, during the period April 2020 to December 2021. The age group of the participants ranged from 28 to 61 years. Two of the participants were still probationers, meaning that they had not yet completed the Church's requirements for them to be ordained as full ministers in the MCSA. Though the one Probationer was only 9 months at his current congregation, he had served for 3 years at another society and therefore could compare the context of pastoral care to the bereaved before the pandemic.

The majority, (83%) of the clergy interviewed were males which reflects the gender inequality in ministry. This is affirmed by Dlamini who notes that, “There is still unequal distribution of female clergy in the MCSA, even after 40 years when the first female minister was ordained to the Ministry of Word and Sacraments in 1976”, (2017:1). Mkhwanazi adds, “Many circuits did not want to be ministered by women ministers. The reason for this may be that people were not used to women ministers. Since the inception of the MCSA there had never been a female minister before 1976. Therefore, it was already an established norm that a minister is supposed to be a man”, (2014:32). The researcher is of the opinion that, this is a hindrance to pastoral care especially with widows who tend to become vulnerable as some male clergy take advantage of them.

The findings from the profile of the clergy were that four of them had been ordained between 10 to 29 years ago. Ordination for most clergy ends their formal training for ministry. However, in a world that is evolving quickly with the needs of the congregation change, it is imperative for the clergy to keep updating their knowledge. When death strikes, and a woman loses her husband her life changes. This change is not only within her family but also within her community and her church. In most cases, the widow is blamed for the death of her husband, this was highly likely in the COVID-19 pandemic, due to the short period of illness leading to death. Widows in the black mourning attire are seen as a sign of bad luck and therefore expected to sit at the back rows in public transport or at church. This change brings along the feeling of despair, neglect, and abuse. Rendering pastoral care to a bereaved widow in this context requires of the clergy to understand the cultural and Christian context in order to minimize conflict, which might complicate the grieving process.

According to Gerkin's model of shepherding, pastors must take responsibility for the people under their charge and must not exclude them from church activities. Gerkin presents the Old Testament's three-part leadership structure, which includes the roles of priests, prophets, and wise people (1997:23). The shepherd as Wise men and women dealt with issues that may not have been religious but contributed to the wellbeing of the people. Bereavement support is one such important issue that came to light during the COVID-19 epidemic.

The shepherding model of Gerkin requires that pastors should account for those in their care and not shut them out of the church. Gerkin continues to speak of the Old Testament biblical structure of leadership, which consists of the three-fold functions: Priests, the Prophets, and the Wisdom (1997:23). The shepherd as Wise men and women dealt with

matters, which may not have been religious, but contributed to the wellbeing of the community and bereavement support is one such crucial matter that surfaced during the COVID-19 pandemic.

The following are summaries of the interviews with the participants from the MCSA in the City of Tshwane Metropolitan. The interviews reports from the widows' interviews will be presented first. The purpose of the reports is to highlight the bereavement experiences of the widows who lost their spouses to COVID-19.

5.3 THE INTERVIEWS WITH WIDOWS

The following questions guided the interviews with the bereaved widows:

1. Was your husband's death due to Covid-19?
2. Will you please share with me a little background about your husband's death?
3. What did you do soon after receiving the message of the passing of your husband? Who was there to support you?
4. Do you observe any specific funeral rituals as a family? Were you able to continue with these during your husband's funeral?
5. What role did the church play during and after the funeral?
6. Was there any support that you felt would have made your situation better?

The summary of the responses for each participant will be presented in the next section starting with the description of the participant.

TABLE 5.3: Description of participants

PARTICIPANT	RESPONSE
WO1	This participant was 33 years of age at the time of her widowhood and is originally from KwaZulu-Natal. She has four children, two daughters, a son and an adopted daughter from her husband's first marriage. All the children are still attending school. She is a member of the Women's Manyano (a prayer group for women). Her husband was an active member of the Church who had grown from being a Wesley Guild Member (the uniformed youth group in MCSA), to Young Men's Guild and a Local Preacher.

W02	This participant was 33 years of age at the time of her widowhood and is originally from Soweto. She has two children, a son and a daughter who are both adults. She is a member of the Women's Manyano (a prayer group for women) and an active participant in her cell group. Her husband was not a member of the Church, neither was he attending Church elsewhere.
W03	This participant was 55 years of age at the time of her widowhood and is originally from the Eastern Cape. She has three children, a son and two daughters, the young daughter and son still staying with her in the house and the elder daughter is married. She is a member of the Women's Manyano (a prayer group for women) and an active participant in her "nqila", cell group, a coordinator of the Spirituality Pillar in her Society, and A Local Preacher. She is in the executive committee of the Local Preachers' Association in the Circuit. Her husband had just accepted the Lord as his Saviour and was confirmed as a full member of the Methodist Church.
W04	This participant was 65 years of age at the time of her widowhood and is originally from Botswana. She met her husband who was South African at the university. Though her husband was from Limpopo, home to them was Pretoria. She has three children, a son and two daughters. She is a member of the Women's Manyano and her husband was a Local Preacher.
W05	This participant was 52 years of age at the time of her widowhood and is originally from Lebowakgomo in Limpopo. She has five children, three sons and two daughters. She is a member of the Women's Fellowship (a prayer group for women).

The above responses show that all the five widows who were interviewed were dedicated members of the MCSA. They were all affiliated with the womens' organizations in the church. The spouses of four of the widows were members of the MCSA. As a member of the church, one expects to be supported and given hope through prayer and scripture during times of need.

TABLE 5.4: Cause of Death

PARTICIPANT	RESPONSE
W01	Her husband passed on from COVID-19 related complications after being hospitalised for three months.
W02	Her husband was admitted to the hospital after testing positive for COVID-19. He died a week after admission to the hospital.
W03	The participant's husband was admitted to the hospital after testing positive for COVID-19.
W04	Her husband passed on at home after testing positive for COVID-19.
W05	Her husband passed on from COVID-19 after attending a funeral of his cousin in the Lebowakgomo.

The above information confirms that all the five participants had experienced bereavement due to COVID-19. This justifies the purposive sampling method which was used in this study. This sampling method assisted the researcher to select individuals that could provide the needed information which assisted in understanding the experiences of bereavement due to COVID-19 and, responding to the research questions, as well as addressing the purpose of the research (Bloemberg & Volpes 2019:186).

TABLE 5.5: Will you please share with me a little background about your husband's death?

PARTICIPANT	RESPONSE
W01	This participant's husband was hospitalised. She was not allowed to visit her husband due to the COVID-19 safety regulations. During the first few days of admission, they communicated virtually until her husband was put on a machine to assist him with breathing in the Intensive Care Unit (ICU). She was however able to visit her husband during the third month of hospitalization as the visitation regulations were relaxed. She was at her husband's bedside when he took his last breath.
W02	She was not allowed to visit her husband due to the COVID-19 safety regulations. The doctor called her to inform her that her husband's condition had deteriorated. She asked if she could come and see him but was denied this opportunity. Two hours

	later, the doctor called again to inform the participant that her husband had passed on. On arrival at the hospital, her husband's body had been taken to the hospital mortuary, wrapped in a plastic bag. She still asked if she would be allowed to see him and was informed that "The regulations do not allow COVID-19 deceased to be viewed". She still hoped that the private undertakers will allow her to see her husband, but this too was not possible. The hearse drove past the house a few minutes before the burial. At the graveside, the participant noticed that her husband's coffin was wrapped with plastic.
W03	This participant's husband died three days after admission to the hospital. She was not allowed to visit her husband during hospitalization due to the COVID-19 safety regulations.
W04	This participant's husband died at home. Though he was very sick, the hospitals were too full such that he could not be admitted. On the day that her husband passed on, she had taken him to three hospitals, with the hope of getting help. When they was no hope of getting treatment, she took her husband back home. He died on arrival, just after entering the house.
W05	The participant was allowed to see her husband before he was taken to the COVID-19 ward for admission. This was the last day she saw him and heard his voice. That evening, he struggled to breathe, and they put a pipe in his throat and put him on the machine in the Critical Care unit (ICU). She relied on the nursing staff for updates about his condition but with each call, the answer was, "He is critical". After 3 days in the Intensive Care Unit (ICU), she got a phone call from the doctor who informed her that her husband was in a "bad' condition and that they are trying all they could but it was not promising. She was informed that they were going to give him another 24 hours and they would re-assess him. If there was no improvement, the doctors would make a decision to take off her husband off lifesaving machines, since there were many other patients waiting for a space in the ICU.

Except for participant W (04), the other four participants related to illness which led to hospitalization, with three participants (W01, W03 and W05), mentioning admissions to the Intensive Care Unit. The restriction on visitation to the hospital was noted by the four participants who had their spouses admitted. This added more to their pain and suffering as they were unable to fulfil their marriage vows of “in sickness and in death”. The researcher could sense a feeling of guilt with these participants as they narrated their stories. Participant (W01) had delayed the process of taking her husband to the hospital for “fear that he will not come back” but also blamed herself for the delay. This is another way widows were psychologically traumatised, beside the COVID-19.

TABLE 5.6: What did you do soon after soon after receiving the message of the passing of your husband? Who was there to support you?

PARTICIPANT	RESPONSE
W01	She was shattered; she had been hopeful that he would come home. She was grateful that her mother-in law and her husband’s sister were there and that they also managed to see him because they could tell that he was very sick.
W02	This participant was in so much pain on receiving the phone call from the hospital about her husband’s death. She was alone at home and therefore could not share her emotions with anyone at that time. She fainted and missed the funeral service as she was removed from the gathering. The participant is struggling to find closure, and she keeps asking the question “Who was that person that we buried? Was it really my husband?”
W03	After receiving the message of her husband’s death. This participant was confused, frustrated, and had scattered thoughts and uncontrolled emotions. She was angry with God for taking her husband at a time when he had accepted him as his Lord and Saviour, she was angry with her husband for not fighting off the COVID-19 when all his life he was at the forefront of battles in the army. She was angry with her minister for what she says, “He saw my widowhood coming but did not warn me”. The minister had requested her to lead a workshop for widows a few months before her husband’s death.

W04	The participant was shocked at the realization that her husband was “gone”. She was angry with the systems that had failed her husband, the doctor, the hospital. She was relieved that at least she was with her husband when he took his last breath. She was able to close his eyes and kiss him goodbye. The thought of her getting the virus could not deny her this great opportunity which COVID-19 had denied to many by isolating them from their loved ones.
W05	The phone call from the hospital was like a “movie”. When she answered the phone, the voice on the other said asked “Are you Moipone?” (Not the real name), and she said “yes”. The voice went on to say “Your husband has passed away. Which undertakers must we call to come and remove his body?” There was no empathy in that voice. She could not even respond and, had no emotions. After a while she was ceased with fear. She immediately told the nursing sister who called her that she was coming to the hospital to see for herself if it was true that her husband had died. The answer from the nurse was “Maam, you know that visitors are not allowed in the COVID ICU, if you come, you can do so at your own risk”. The participant went to the hospital with her husband’s brother and forced her way into the ICU. Indeed, her fears were confirmed, her husband was dead.

Due to the unexpected and ambiguity of death of the five spouses, all participants had mixed emotions from pain due to the loss of not only a husband but a friend, companion, and father of their children. Others expressed devastation and hopelessness as they did not see death coming. Some participants in this study noted a sense of denial on receiving the message of bereavement from the hospital. There were comments like, “I was still in denial”, (W02); “I still thought that it was a joke until I saw his life-less body”, (W03); emotional sighs of disbelief like “I could not believe this message because I had called the hospital as was my routine before I went to bed at 8pm the previous night and was told that “he was stable”, (W05). Even participant (W01) who saw death coming experienced disbelief as she was hopeful that her husband would get better and come home one day.

What worsened the acceptance of death among some participants was the safety regulations which isolated them from their loved ones during the hospitalization. They were therefore not prepared for death as they were not there to see the intensity of the illness as this would have at least prepared them.

Except for participant (W02), all the other participants had some family members to support them when the call from the hospital came through. The one participant whose husband passed away in the house had her children and neighbours to support her.

TABLE 5.7: Do you observe any specific funeral rituals as a family? Were you able to continue with these during your husband's funeral?

PARTICIPANT	RESPONSE
W01	Yes. The funeral was conducted at their home in Kwa-Zulu Natal. The daily worship services were conducted by the uniformed organizations from their home Society. As the widow of the deceased, this participant was sitting on the mattress with the elderly women there to support her. She was covered with a thick blanket, and when males enter the room, she was expected to cover her face. Immediately after the burial, she was dressed in black, and her hair was shaved. However, she only wore the black clothes for a month, and her in-laws did the cleansing ceremony and relieved her of these clothes so that she could come back to Pretoria for work.
W02	Yes. The COVID-19 safety regulations denied the participant the rituals of bringing the body home the night before the funeral so that the family could bid farewell to the deceased, including conducting prayer services at the house daily until the burial. This loneliness made her pain more intense.
W03	Yes. The funeral of the participant's husband was conducted in the Eastern Cape. Though gatherings were prohibited, close family members were there to support her. They were however unable to do the body viewing for the rest of the family who had not seen the deceased for the last time. The body could not be brought home the day before the funeral and there were unable to slaughter a cow as is expected at the funeral of the father of the house. The participant was

	dressed in black as a sign of respect for her husband, after the funeral. To her, this black garment reminded her of her new status "umhlolokazi", a widow, she therefore chose to stay at home and not wear the black dress. The colleagues at work kept on asking her if she was okay as if they were not convinced that she did not have COVID-19 herself. She felt discriminated.
W04	Yes. The body of her husband could not be brought home the night before for a night vigil and body viewing by family members. The daily prayer services were also not allowed. With regards to the ritual of wearing the mourning clothes, this participant had this to say, "My *husband kept telling his family that when he dies, I should not be made to wear black garments as this will make me to be discriminated in the Church.*"
W05	Yes. The elders in the family will go to the mortuary to identify the body. They will wash the body with herbs and dress the deceased in his clothes. The day before the funeral, the body of the deceased is brought home in the afternoon. The candles are lit the whole night in the room where the coffin is to assist in lighting the path of the deceased on his travel to the ancestors. A night vigil " moletello" is conducted to guard the body from being tempered with by the witches "baloi". As the widow, I am expected to sit on the matras in this room where the body is and I will have some elderly family members around me to comfort me. On the day of the funeral, the family will view the body and pay their last respects before the coffin is taken out of the house. From the cemetery, the mourners will wash their hands at the gate in water mixed with herbs to get rid of bad luck. As a widow, "I am then dressed in black clothes (sefifi) as a symbol of respect for my late husband".

Except for participant (W01), the other four participants were not able to observe the full rituals that are normally carried out during and immediately after the burial, by African families or clan. Funerals, rituals, and death rites of passage are important and healing,

and they are useful to the grieving in terms of their emotional and spiritual well-being. These funeral customs and practices are largely seen as vital, and any restrictions on them could significantly hinder the bereaved's ability to heal psychologically and receive support and can severely affect the grieving process for their families, (Shrestha, Krishan & Kanchan 2020:3).

TABLE 5. 8: What role did the Church play during and after the funeral?

PARTICIPANT	RESPONSE
W01	This participant and her family did not withdraw their Church membership from their home circuit. They continued to pay their financial obligations as full members there. The minister from their home circuit supported through telephone calls during her husband's illness. The same minister conducted her husband's funeral service. After the funeral, he would call to check on her and the children. As for the church in Pretoria, there was not much support especially from the Women's Manyano members. The Women's Manyano executive never even visited her as is the norm, this was painful as this participant was the only member of this society who had lost a husband.
W02	The participant's Class Leader was very supportive. He checked on her telephonically during the time of illness. He visited the house on hearing about the bereavement. The Women of Prayer had a service at the house before the burial even though this was held outside in the garage, this meant a lot for the participant. The minister from her congregation conducted the funeral service and burial. Though the participant had some form of support from the Church, not being with her husband before he took his last breath and being denied the opportunity to see his face was devastating.
W03	The love from her nqila (home cell group), was just amazing: from the time her husband was sick to date they provide prayers, some come for sleep over and others accompany her to all the places that she goes. Her minister and some congregation members in the Circuit have been very supportive in different ways. Some visit and others call

	regularly. The Church conducted a virtual memorial service for her husband, and his work mates were able to join. Though this was a virtual service, it brought comfort to the family just hearing what the friends, church members and colleagues had to say about her husband. The funeral was also live streamed through the Church's resources. After the funeral there was not much support from the Local Preachers. The participant expected them to provide pastoral care to one of their own.
W04	The Minister and a local preacher supported the participant through her bereavement. She had to bury her husband within 72 hours, this meant that the funeral arrangements had to be rushed. These were done through virtually with the minister leading. The minister was new at their Society; her husband had welcomed him on his arrival and now he was sending her husband off. She still remembers the Scripture he read for her husband's funeral Daniel 3: 17-18. "Indeed, our God will deliver us from the pain of this COVID-19 and into His hands".
W05	This participant's husband was buried at their rural home in Lebowakgomo, which is in Limpopo Province. Her local congregation supported her through phone calls. Her minister could not attend the funeral, but he arranged with the minister in Lebowakgomo to conduct the burial. The Women from her fellowship group were not visible during her time of need. The normal funeral rituals that are observed in the family like bringing the body home the night before for night vigil "moletello" and body viewing could not be done. There were no daily prayer services with singing of the hymns. Though she sat on the mattress, this was a lonely experience as only her mother-in-law was with her.

All participants acknowledged some form of support from their ministers whether it was through telephone calls or the once off visit. The clergy did conduct the funeral service and burial of the deceased. There was only one case where the clergy could not be present for the funeral and in this case, he arranged for an alternative. However, for most participants the ministers were not reaching out during the period of illness. The church was not present for the normal prayer services and singing of hymns which bring healing

to the bereaved families. The church organizations, to which most of the widows belonged, did not provide any form of bereavement support for the widows. This caused more pain as the widows felt abandoned by the organizations they served faithfully. This is where the shepherding role of Gerkin will come in as the clergy are like the shepherd who should be with the sheep through the darkest valley and comfort them with his rod and staff, (Psalm 23).

TABLE 5.9: Was there any support that you felt would have made your situation better?

PARTICIPANT	RESPONSES
W01	"I would have appreciated someone from the church being with me even outside the hospital to pray for my husband. The nights were long and just being alone and expecting the worst was very traumatic. "This participant went back to work a month after her husband's loss, and this takes her focus away from the anguish of her loss.
W02	"Being denied to see my husband for the last time before he was removed from the hospital was devastating. I wish I was there next to my husband when he took his last breath". This participant has kept her husband's pyjamas, and she sleeps in them on those days when the pain of loss is unbearable
W03	I needed someone to talk to about my pain after the funeral, someone who understood what I was going through. Being far from my home, Eastern Cape, I wish my minister and the Local preachers had paid me a visit to check on me. I could not go to church during the three months that I was in the mourning clothes. This participant shared her story six months later during a healing workshop for those who were affected by COVID-19. This helped her to start facing the reality of her loss.
W04	"Just having the presence of the congregation members especially the Women's Manyano and Local Preachers, even in small numbers would have made a lot of difference to my situation. I was alone, besides my children. My family from Botswana could not come through as the borders were closed". This participant is a retired lecturer. She has offered to assist with the confirmation classes for new members

	in her church. This is assisting her to cope with the loss of her husband.
W05	"I missed the singing of hymns which gives hope to me whenever I am facing challenges. There are times when I could not even pray, this is when I needed 'bomama', women of prayer, to come and pray for me. After the burial of my husband, I could not go to church as I was still hurting. A visit from the congregation members would have comforted me". This participant has started learning new hobbies, baking and beading to keep her mind occupied.

Though the participants had varied responses, it was clear from the 80% that the presence of the church would have made their situation better. COVID-19 bereavements brought about loneliness due to the safety regulations which restricted gatherings. Some congregation members were afraid of contracting the virus and this kept them away from mutual care. One participant needed closure from being allowed to see her husband during his illness and being there at death. This was part of the pain faced by widows in those days of the COVID-19 pandemic.

5.4 INTERPRETATION OF THEMES FROM THE INTERVIEWS WITH WIDOWS

All the above participants had lost their spouses to COVID-19. The researcher took the participants on a journey from the moment their loved ones got sick, the time of death, the burial and beyond the funeral. The researcher wanted to identify the widows' experiences through their period of grief. The COVID-19 changed the way of grieving due to the safety regulations which were put in place by the government. This had an impact on the funeral rituals, religious and cultural, that normally aid the process of grief. The researcher also wanted to find out the impact this had on the widows under study.

According to the questions, the following were the prevalent themes that emerged from the interviews:

5.4.1 Will you please share with me a little background about your husband's death?

5.4.1.1 The Restriction on visitation to the hospital

For these participants, the loss began when they said goodbye to their loved one as they

left for or entered the hospital, without being aware in many cases that they would not see their loved ones again, neither alive nor after they had passed. The common element in all these farewells is that they were quick goodbyes, without physical contact and without awareness of irreversibility. The participants who said goodbye did not know they were saying goodbye for the last time. Participant (W02) "*I took him to the hospital, and he was admitted in the general ward. I could not visit him as hospital visitations were not permitted"*. Participant (W03) *"He was taken to the ward and that was the last time I saw my husband alive".* Participant (W05) "*This was the last day I saw and heard my husband's voice".*

For them, a process full of uncertainty began, in which contact with the patient was limited and sometimes non-existent, and which ended with a call from healthcare workers, whether doctor or nursing sister to report the passing of their loved ones. The one participant (W01) anticipated her husband's death. She could visit him in the hospital during the third month of hospitalization as the regulations were eased. On the day of her husband's death, she was called to come through to the hospital as his condition was deteriorating. She was at the bedside when her husband took his last breath. Her words on her husband's condition were, "lana sibhekane nokhufa", literally translated, (here we are facing death).

Since the pandemic has altered the bereavement process, families were not participating in the traditional mourning of loved ones. The COVID-19 safety protocols led family members to changing how they can contribute to being with their loved ones during their final moments. Usually, effective mourning consists of physical contact with a loved one who is dying, physical presence with a loved one who has passed on and helping them begin to embrace the pain of their loss. In the absence of these, the widows struggled to find closure with the loss of their spouses.

5.4.1.2 Ambiguous Grief/ Disenfranchised Grief

Ambiguous grief is when the individual fails to have closure or a clear understanding of the details related to the loss, the typical grieving process can seem to be prolonged or compromised, and the loss cannot be openly acknowledged, publicly mourned, or socially supported. The widows that were interviewed were still struggling with unresolved grief as most of them did not have closure or a clear understanding of how their spouses died. They are still searching for answers, and this delays the grieving process.

The information sharing on the progress of their spouses by the Nursing staff was not very helpful as not much was shared with the participants to prepare them for the death of their

spouses. For many family members, communication over the telephone was restricted to the ICU team giving information about the patient's physical condition leaving family members frustrated in terms of support and empathy. Participant (W01) echoed the same sentiments on the ambiguity of information received from the hospital. "*The nurses would tell me every time I phone about the oxygen levels and some things I did not understand. I made an appointment to see the doctor who explained to me what was going on. I was so frustrated because when you call the hospital today, you are told that he is getting better then tomorrow you get a different story"*. Participant (W02) was informed that her husband's condition was getting worse and that he was moved from the general ward to the ICU. She was only given an opportunity to ask questions on the second call which was informing her of the death of her husband.

The call to participant (W05) was more about informing her that her husband was occupying an ICU bed which was needed by another patient with better outcome possibilities. *"The doctor reminded me that my husband had existing medical conditions and that his chances of surviving this COVID-19 were very limited. I was informed that they were going to give him another 24 hours and they will re-assess him. If there was no improvement, the doctors will have to decide on taking my husband off the machine as there were many other patients waiting for a space in the ICU".* The call from the nursing sister informing her about death was more of a "business transaction", no empathy. "Your husband has passed on. Which undertakers must we call to remove the body?

5.4.2 What did you do soon after receiving the message of the passing of your husband? Who was there to support you?

5.4.2.1 Emotional Response to grief

All the participants had series of emotions, from shock, pain, anger, and guilt, in response to the loss of their spouses. The first reaction to the shocking news about death is denial and isolation which is a defence mechanism to lessen pain. Denial is what happens when a person's mind and body cannot fully grasp or accept the reality of what has happened. Numbness shock, disorganization, crying and withdrawal may be experienced. Regarding this stage, Kubler-Ross and Kessler notes, "This first stage of grieving helps us to survive the loss. Denial helps us to pace our feelings of grief. There is a grace in denial. It is nature's way of letting in only as much as we can handle" (2005:10). This stage is a necessary temporary defence mechanism when the family receives the shocking news about the death of their loved one, especially in the case of a sudden death. The researcher remembers the experience of denial when her mother died in 2010. Her grandmother fainted when the coffin was being carried to the graveside. The researcher

is of the opinion that during the period of shock due to loss, a pastoral caregiver helps the person to recover until she/he is reorganized.

Sefatsa in his study on pastoral care of basotho widows after burial, noted that the experience of shock, trauma and pain is shared comparably among both African and Western widows though the management is different because of some cultural expectation in the African context. The Western widows differ in that the culture offers services where they will be helped to heal, like consulting a psychologist (2020:26). The researcher agrees with this writer on the concept of the Western widows having support. The one clergy who was interviewed has a westernized congregation and they have Grief Share which equates to group therapy for the bereaved members.

One participant was angry with God for taking her husband at a time that they were planning to retire together. She was angry with her husband for giving in to the coronavirus when he had survived in the many wars he had to fight for the country as a soldier. She was angry with her minister for asking her to lead a workshop on widows a few months before her husband's death. The stage of anger presents itself in many ways. A person in this stage asks the question "why" or "why me". Anger does not have to be logical or valid. According to Kubler-Ross and Kessler, "This anger has no limits. It can be extended to family, friends, doctors for failing to prevent the death, the loved one who died and God. Anger is a necessary stage of the healing process. Anger is strength and it can anchor, giving temporary structure to the nothingness of loss. Anger is the most immediate emotion, but as one deals with it, they will find other feelings, hidden feelings of pain and loss, (2005:16). The Bible cites moments when Jesus was angry with the money changers11:15), (Mark once or twice when he cursed a fig tree, (Mark 11:14). If anger controls or dominates a person therapy should be effected. As a nurse, the researcher has heard people cry and ask where God was when they lost loved ones.

What the researcher observed throughout the interviews with the widows was that many of them used facial expressions. According to Sithole, people use more than words to express themselves. They make use of facial gestures, body expression and other common signals that have common meaning to them, "1998:49). As participants shared their stories, some cried, and others would be totally silent. Others would portray anger in their voice as they reflect on their new identity such as *"I struggled with the part of losing part of myself and remaining unsure of my own identity. This was worse at the beginning when dealing with administration and I found my marital status changed from "married to widow".*

5.4.3 Do you observe any specific funeral rituals as a family? Were you able to continue with these during your husband's funeral?

5.4.3.1 The Absence of Funeral Rituals

The following were rituals that were restricted due to the COVID-19 safety regulations.

a) Daily Worship Services

Gatherings were restricted therefore the daily prayers services to support the families could not be conducted. Manyedi states that, "From the time of death until the burial, the church usually gives the widow spiritual support by way of holding services and prayers to comfort the bereaved," (2001:81). For the bereaved widows, listening to the word of God and the hymns of hope is a source of hope and strength. Music has a significant impact on how people express their sorrow and how the community consoles grieving families, (Matlou 2016:65). When Mwiti writes that "Music as a therapy in Africa allows bereaved folks to express the deepest human feeling that cannot be communicated through any other form," he eloquently expresses the relevance of music. The experience of loss is represented via music in a symbolic language that reaches the grieving mind and heals the damaged soul (1999:12). The people who come to comfort the family sing hymns of comfort which give strength to the bereaved. According to the researcher, in the Methodist tradition, members and families have significant hymns from which they draw their strength during difficult times, (iculo lase khaya), the family hymn. Singing the widow's or her husband's hymn brings comfort.

b) Body Viewing

The body of the deceased were not brought home the night before for a night vigil which is an important ritual for bidding farewell to the deceased, for many African families. The families were not allowed to wash the body and dress them in their own clothes. Khosa-Khatini & White notes that as part of the pre-burial rituals in many African communities, the body of the deceased is brought home for the final viewing by the family and the members of the communities. It is also a way for the deceased to spend their last night in their home before they embark onto another life in the land of the ancestors. African communities also use this period as an opportunity to place the deceased favourite items such as clothes, favourite plate, or spoon in the coffin. Because of these beliefs, it is important for Africans that the deceased are brought home the day before the funeral. If it is not done, it is believed that the spirit of the dead will not rest in peace and will return to the house and cause misfortune for the family (2021:4).

The viewing of the body is a very important ritual in the African culture. It is performed by almost all the black ethnic groups in South Africa. The purpose is to make sure that the family buries the correct person and assist in helping to accept the reality of death. During the body viewing, mourners will touch, kiss the body and cry then say a silent prayer or words of parting. With the COVID-19 safety regulations, this ritual could not be performed as the bodies of those who died of COVID-19 were considered as a high risk for transmitting the virus.

The study shows that the pandemic has altered the way people grieve. The participants confirmed that funerals, burials, and services were cut short and rushed through, or held remotely and with very few persons present. It was difficult to observe cultural or religious mourning practices. In fact, families were deprived of some of the most important rituals that normally occur following a death, suggesting that we are experiencing a breakdown relating to the way in which people experience dying, death, and grieving. Not being able to say goodbye to their loved one, night vigil, not being with their spouse during dying and death, not seeing the deceased's body, and barely being able to observe common rituals like the daily prayer services which provided spiritual healing, putting soil in the grave as the last farewell, slaughtering a cow, washing hands at the gate after the burial and gathering for a meal with friends and family after the burial. All these rituals prepare family members for a burial and mourning. The study revealed that, this not only created a sense of disbelief and doubt but also complicated the grieving process. These altered ceremonies lacked meaning, as they did not depict the African burial rituals and it deprived the participants of important symbolic moments and deprived the deceased of a dignified send off.

5.4.4 What role did the church play during and after the funeral?

5.4.4.1 Lack of Support from the Church

The participants and some of their husbands belonged to some or other organization in the Church, the Women's Manyano, the Women's Fellowship and the Local Preachers. 80% of the participants felt let down by their organization which were not present at their time of need. Only one participant noted the presence of the Women's Manyano members for a prayer service, whilst the other participant was comforted by the visit of the Women's Manyano from a previous congregation that her husband had been preaching to. Her current Society's Women's Manyano members were not present during and after the funeral.

The other participant who was a Local Preacher expressed pain and disappointment in the lack of support from her fellow preachers. Most people who are in the City of Tshwane Metropolitan are away from their homes. They have found a home and families in the Church among the various organizations. It is among these organizations that they find spiritual motivation through prayer and sharing the word of God. The Manyanos are also a vehicle of service for the members in need, especially during the times of bereavement. The participants felt that their organizations were only there for them, when all was well, and turned their back on them at the crucial time of need when nothing was making sense and maybe God would have made sense through their ministry of presence and prayers,

This view is supported by Odiyoye who writes that "Hurting with those who hurt and rejoicing with those who are enjoying life, is an important aspect of women's theology", (2019:37). She adds that "Compassion is the well spring of women's solidarity that is evident in the many women's organized groups, both in traditional society and the contemporary women's movements", (Ibid). The researcher, having been brought up by a grandmother who was a Woman's Manyano member, agrees with Odiyoye. When her grandmother was sick, the Manyano members would visit her and pray with her. These women were present with the researcher's family when her grandmother passed on and supported the family. This care and compassion motivated the researcher to join the Women's Manyano. COVID-19 took away this care and compassion from this organization, leaving the bereaved broken.

5.4.5 Was there any support that you felt would have made your situation better?

5.4.5.1 The presence of the Church

The majority of the participants indicated that the illness and or hospitalization of their spouses was very stressful and that they were not prepared for the loss. One participant wished that she could have been allowed to see their husbands daily and see how they were struggling. Maybe this would have prepared them for the death. Four of the widows interviewed felt that the presence of the minister, the congregation members and organization members would have made their grief bearable.

As a result of the lack of care from the Church and the pain of losing their spouses, the widows had to find some coping mechanisms for their grief. This allowed them to face each day as the pain of loss lingered on. These will be discussed in the following section.

5.5 THE WIDOWS' COPING MECHANISM

Morris, Moment, and Thomas point out that the death of a loved one is considered the most powerful stressor in everyday life with the bereaved individuals being at an increased

risk of mental and physical illness, especially depression. How individuals cope after the death of a loved one is influenced by their personality and relationship with the deceased and the circumstances of the death. Although most bereaved individuals adjust to their loss without requiring professional help, research has shown that approximately 19% of the bereaved individuals are at risk of developing complicated grief which will require intervention from a mental health professional and about 30% of the individuals are considered at moderate risk and might benefit from group support (2020:70).

The widows under study are at risk of complicated grief due to the factors surrounding the death of their spouses, the safety regulations that hindered closure through visitation and funeral rituals. Most participants, 80% were working and therefore focussed on their jobs to try and escape from the pain and loss, another way of denying the reality of death. However, this was not easy as most were working from home a context which created more loneliness.

5.5.1 Self-care

Two of the participants went for professional counselling and took the children with as well. This assisted in taking them through the grief process. Caring for the mind is also a recommended way of taking care of self. One participant identified new hobbies to keep herself occupied. She does bead work and baking. One participant indicated that she does a lot of journaling about the good times she had with her husband, the holidays they took together as well as how he listened and corrected her sermons before she preached to the congregation. The only participant who is a pensioner has offered to conduct classes for new members joining the church. This has given her a sense of identity as she was a teacher. The next step leads us to worship as part of the ritual of caring for the soul.

5.5.2 Prayer groups

Almost all the participants indicated that they found comfort in their small prayer groups or from Class members who prayed with them and offered messages of hope. Though faith seemed to be offering little comfort for some who were still going through the ambiguity of the loss, maintaining a relationship with God helped them to cope. *Park & Halifax et al* agrees that religious and spiritual traditions offer extensive resources for coping with death, (2020). Grieving for our loved ones is appropriate and expected even among Christians. Even Christ wept at the loss of His friend Lazarus (John 11:35).

5.5.3 Talking about their loss

Most of the widows that were interviewed stated that they found relief when they started sharing their experiences with other widows in the community. One of the participants had

conducted a widows' workshop in her congregation a few months before her husband's death. She found mentors into widowhood among these widows even though the cause of death for their spouses was different. The same participant shared her experience on a virtual workshop which was arranged by her minister for those who were affected by COVID-19, whether through bereavement or infection. Through sharing, the participants felt like a load was taken off their chest.

5.5.4 Memories

One participant mentioned that when the family distributed her husband's clothes, she kept two sets of his pyjamas and whenever she misses him, she sleeps in his pyjamas. This gives her some sense of comfort. The other participant held on to her husband's clothes and only went through with the ritual of distributing the clothes after six months when she felt she was ready. According to her, keeping the clothes longer in the house helped her to process her grief. Going through this ritual immediately after the burial felt like getting rid of the memories that she had built with her husband for more than thirty years. Two participants indicated that they still remembered their husbands' birthdays and made a special meal which they shared with the children as this was always how they spent special days.

Also interviewed in this study were the clergy of Ministers of the Gospel in the MCSA. The table below shows the demographic of the clergy who were interviewed to obtain information on the Church's involvement with the widows during their bereavements. The interviews with four of the clergy were conducted virtually via the zoom platform and the two were face-to face. The following questions were utilized to obtain this information:

1. How was your congregation affected by Covid-19 bereavements?
2. Kindly share how you supported the bereaved families during lockdown?
3. Did you feel prepared enough to deal with bereavements due to Covid-19? If not, what do you think could have made you more empowered to handle this?
4. Can you take me through your bereavement support, under normal circumstances?
5. If you were to change anything in the bereavement support you offered during the Covid-19 pandemic, what would it be and why?

Below are the responses from the interviews with the clergy. A description of the participant will be explained first.

5.6 INTERVIEWS WITH THE CLERGY

TABLE 5.10: A description of the participants

PARTICIPANT	RESPONSE
C01	This participant was 28 years old and was still in training. He was a year away from being ordained and was still single. At the time of the interview this participant was only 9 months with the Society having come in from a different Circuit.
C02	This participant is a 56-year-old male who is married and has got two daughters. He is an ordained minister with 21 years in ministry. At the time of the interview this participant was with his Society for 4 years. He served a very big Society with over 800 members. Most of his congregation members are in Pretoria for work purposes, therefore about 90% of the funerals in this Society are interprovincial, with the majority in the Eastern Cape.
C03	This participant is 57 years old. He is married with three daughters and two grandsons. He has been serving in the different districts of the MCSA since his ordination 27 years ago. He has been with his current congregation, which is a former white dominated but has now mixed cultures, for 9 years.
C04	This participant is a 61-year-old female who is still a minister-in-training for the Order of Diaconate. She was a Local Preacher before her candidature for ordained ministry. As a Local Preacher, this participant was assisting the resident minister with funerals for members of her congregation and their families.
C05	This participant is a 52-year-old male who is married and has got two daughters who are still in primary school. He has been serving the Church for 10 years since ordination. This participant has been with his current congregation for 4 years. He is shepherding a very youthful congregation and most members in Pretoria because of studies or work but have families outside Pretoria (Eastern Cape, Limpopo, Democratic Republic of Congo, and Zimbabwe to name a few).

C06	This participant is 59-year-old male. He is married with two daughters. He informed the researcher that his wife and the one daughter had asthma, a respiratory condition. He is 27 years post ordination and has been serving at his current congregation for 4 years. Most members in his congregation are elderly and on pension.

TABLE 5.11: How was your congregation affected by Covid-19 bereavements?

PARTICIPANT	RESPONSE
C01	This participant's congregation was badly affected by COVID-19 bereavements. He was conducting funerals daily.
C02	This participant's congregation was affected very badly by COVID-19 deaths. Before the COVID-19 pandemic it would have between two to three deaths per year. With COVID-19, the minimum monthly number of deaths was three per month and some months there would be up to four deaths per week, adding onto the burden of caring for the bereaved. For this participant, COVID-19 did not only take away family members, but it also took away breadwinners, and this made the pain of loss more severe.
C03	The COVID-19 pandemic affected his congregation "badly". He was conducting three funerals per month from the second wave of the pandemic. His church is surrounded by old age homes, this participant started getting requests for assistance with funerals for members of the community from the funeral parlours.
C04	This participant's congregation was severely affected by the COVID-19 bereavements. They were having a minimum of three funerals per week. This excluded bereavements that affected their members who lost families and friends. Being two ministers in their Society, the participant shared the workload with her Superintendent as the workload did get out of hand at times. COVID-19 did not only challenge the community this participant ministers in through bereavements. The economic hardships posed a strain on the bereaved as some did not

	have financial support to provide a decent send off for their loved ones .With gatherings not allowed the community that would normally provide support in the form of food and money where also not present.
C05	During the COVID-19 pandemic, this participant lost only two of the congregation members to COVID-19. However, the congregation was affected badly by the loss of their family members, parents, siblings, and extended family members.
C06	This participant conducted between three to four funerals for congregation members per week especially during the second wave of the pandemic. He had tears in his eyes when he spoke about this followed by a moment of silence. "*The funerals during the COVID-19 pandemic were conducted at the graveside and seemed like a very 'cold' way for family and friends to say goodbye. Though there was an opportunity to preach the Gospel, I found a terrible sadness".*

From the responses above, all participants were badly affected by COVID-19 bereavements. Some had funerals daily, others buried three to four members per week. The clergy therefore focused more on burying that journeying with the bereaved as there was not enough time. For inner City churches where the populations are much younger and healthy, death is not an issue of concern. These are some of the issues that affected the rendering of care to the bereaved.

Kindly share how you supported the bereaved families during lockdown?

Participant (C01): With the Churches closed, those who were used to the support from the Church were mostly affected by grief because at times only the minister visited the family. The normal prayer services and singing of hymns which normally give hope and comfort to the bereaved were prohibited. According to this participant, COVID-19 bereavements were demanding emotionally due to family dynamics. The minister sited a case where a congregation member lost his wife. The children were crying for their mother because they could not accept that she died, there was no body viewing, and to them this was a lie. The father did not know what to do with the children. He would call the minister even in the middle of the night to come and support the children. The only support this

minister could provide to the bereaved families, was assisting them with the funeral program and conducting the funeral service and burial.

Participant (C02): Supporting the families was not easy for this participant. COVID-19 imposed a new way of doing things. As a minister, this participant was forced to be there for the bereaved despite the risk. He would visit the family maybe, the first day but made sure that the house was fumigated first. He would go with one or two other members from church. This participant was privileged to have a social media platform (zoom). This assisted him to offer bereavement support to his congregation. Memorial services were held virtually, and funerals were live-streamed. Though this could not replace the physical presence, it was much appreciated by the bereaved families.

Participant (C03): As a minister, the participant visited the bereaved families for pastoral care, but he highlighted that this was not easy as he was also scared of contracting the virus and bringing the virus home to his family. This led him to offer most of the support through the phone and hold prayers on the zoom virtual platform. He added that, “Most of the support I would conduct through the phone, and we would hold prayers via zoom”. He however met with the families to assist them with the funeral program.

Participant (C04): As a minister in training, this participant, assisted the senior minister with the funerals. They shared the workload as this sometimes got out of hand. Where she had an opportunity to visit the family, she would ensure that they are observing the safety regulations. She would talk to them and support them through scripture and prayers. She assisted the family with compiling with the funeral program as these required some adjustments from the normal program, to meet the prescribed time. But most of all she continuously emphasized on the COVID-19 protocols to make sure that everyone coming to support the family was safe.

Participant (C05): This participant did not always visit the bereaved for fear of contracting the virus as he was considered high risk due to his medical condition. He, however phoned them and supported them virtually. This participant provided support by conducting the funerals which were in Pretoria and the services were done at home outside and these were very brief with no singing to comply with the prescribed regulations for funerals.

As a Church, the COVID-19 safety regulations hindered this participant and his congregation members from fully supporting their members during the bereavements as is the norm. They could not attend family funerals due to the limitations in the number of attendees as they did not want to take the space for family members and thus deprive them of the opportunity to bid their loved ones farewell.

Participant (C06): The only support he could give to the bereaved was praying with them over the phone when he received the news of bereavement. He could not be with the family for fear of contracting the virus, as he was the only pastoral support available. The five Preachers that normally assisted him with bereavement care are over 60 years and therefore could not be with families of those who died from COVID-19 as it was "assumed" that the families were also infected. The participant conducted burials but under very strict regulations, no singing, very few speakers and made sure that the service was not longer than an hour. It felt very awkward though to be dressed up in protective clothing over clergy wear. He felt more like an undertaker, than a shepherd of the flock.

This participant did not only experience fear of being in gathering with COVID-19 related bereavements. He was not comfortable being among crowds as he was scared at the rate the virus was spreading and killing other colleagues in the ministry.

All the participants did offer some form of support to the bereaved, but this was the bare necessities, assisting with funeral program, burying and phoning the family to check on them. Those who visited the family, about 60%, did so briefly and exercised caution. There was still an element of fear of contracting the virus that hindered the full ministry of presence. All the participants, except one, were present to conduct the funeral service.

Did you feel prepared enough to deal with bereavements due to Covid-19? If not, what do you think could have made you more empowered to handle this?

Participant (C01): As a minister who is still on training and with a few years in the circuits, this participant felt that he was not prepared to minister in the context of pandemic. There was too much information on the media about this virus, which confused me. *"I would have been more empowered to deal with bereavements during the COVID-19 pandemic if I had been given information early on this virus and how it is spread*". COVID-19 bereavements were more emotionally draining for me as a minister than other bereavements simply because of the lack of shared ministry. It was difficult to journey with women who are bereaved as I am a male, this would have been handled well if the people who usually support me, the preachers, and members of organizations, were there regularly.

Participant (C02): This participant confirmed that, like everyone else, he was not prepared for this pandemic but had to learn to respond to each bereavement as it occurred. Assistance from the District Bishop through the District COVID-19 Committee came later and this was helpful in giving direction

Participant (C03): “Yho! I do not think anyone was prepared for this pandemic in any way. We all learnt how to handle bereavements as we were confronted with them”. This participant felt that if he had the required protective clothing, this would have made his fear of contracting the virus better. For him, it was the fear that deterred him from providing the care needed by the bereaved, thereby worsening their experience of the church as a caring community.

Participant (C04): The participant noted that it was difficult for her with the COVID-19 bereavements as she was not prepared for these and had to rely on the senior minister for assistance in adjusting the funeral liturgy. The worst frustration was when families did not disclose the cause of death for fear of stigmatization and isolation. The participant would only discover on the day of the burial when the undertakers come fully dressed in personal protective clothing and instruct that the coffin should not enter the house or be opened for body viewing.

Participant (C05): The participant highlighted that the training of ministers at seminary does not prepare ministers for bereavements in the pandemic. According to him, the emphasis for pastoral care to the bereaved is the ministry of presence. Bereavement support is most effective when one is present.

With COVID-19, he could not visit the sick members even in hospital therefore he did not foresee death coming to prepare families for this. The church took time to put guidelines together for ministers to follow when faced with a COVID-19 bereavements. COVID-19 deaths were not the only challenge for this participant as a minister, even when there was a non-COVID-19 death, he was not comfortable being among crowds as one would not know who had COVID-19 or not among these.

This participant would have felt more empowered to handle COVID-19 related bereavements, including supporting the families, if someone had immediately provided him with information on this virus, provided him with the protective equipment like the nurses, as this would have made him me feel safe when visiting families and conducting funerals.

Participant (C06): Like most of the participants, this participant had a strong conviction that the seminary did not prepare him to minister in the context of pandemics. He had to find his way through trial and error, and this was very traumatic to those who were grieving and expected the care from their shepherded.

The participant stated that he would have felt more empowered to handle COVID-19 related bereavements if he had been provided with information on this virus and how to minimize the risk of transmission. This would have made him feel safe to visit families. He added that, with the information that he has now on the virus, he will be present physically to those in need, whilst maintaining safety precautions. He added that "*The ministry of presence has a way of touching those in pain. People remember what they saw compared to what they hear*".

This participant added that he will revisit the "All member ministry" in his congregation by empowering the congregation members to support each other during bereavements. This will assist in reaching out to all in need of care. Relying on only the clergy to provide bereavement support during the pandemic portrayed the Church as a non-caring institution. This has resulted in many who were bereaved during the pandemic resenting the Church.

Can you take me through your bereavement support, under normal circumstances?

Participant (C01): The participant would visit the family and offer them pastoral support and assist them with the programme for the funeral. What was important for him was the ministry of presence, which he exercised during illness if the congregation member or family were sick. He would be with the family when they receive the message of death and ensures that the Church supports the family during their time of mourning. The church would conduct daily services until the funeral. The Preachers would lead these worship services daily. If a member of the congregation passed on and the funeral would be at their homestead, this participant would go and bury them there and some members of the church also attend to support the family.

Participant (C02): The response to this question from this participant is presented in verbatim, as the researcher was inspired by the passion this clergy had on the ministry to the bereaved.

"My support was influenced by the nature of death. Sudden death was different from the support of someone who was ill and maybe hospitalized. Usually for those who were ill for a while I would journey with the family from the beginning up until such time that we are faced with death. The doctors will provide information to the family on the condition whilst I journey pastorally with them, even with the dying so that they die in peace. During this journey I would engage with the family and take them through their fears. With the death of the family member, the church would be there every day for prayer services up till the time the family departs to their rural home for the burial.

The church members also accompanied the bereaved families in large numbers as far as the Eastern Cape. This made the mission of the church very important to the unchurched. Funerals were an invitation of saying; do you see the beauty of serving Christ. The family and community recognized the beauty of an extended family for their loved ones who are normally far away from home. Even for me as a minister, this presence of the congregation made me feel that we are there as a church to support the family. We not only attended services and the burial but also supported the family financially through collections from the classes and various organizations.

In the Methodist church, the presence of uniformed members at a funeral gathering represents the church. This I feel should be the norm for all members even those who do not belong to organizations. The uniform is a sign of mission. When we do mission, we go out into the community visibly in our uniforms. Funerals are a mission and therefore we should go out there in our uniforms so that the community is able to say, Look at God represented by the Methodist church".

Participant (C03): Before the COVID-19 pandemic, this participant had support from the mission groups which are led by lay people. These took responsibility of supporting the bereaved families as well as journeying with them through the period of grief. The Grief Share bereavement program also assisted a lot with post bereavement care. This was however not possible during COVID-19 and the participant had to do most of the support as he did not want to expose the lay members, and this was drained emotionally.

Participant (C04): The approach in bereavement care was different. For someone who was sick, the families would easily accept the loss unlike in sudden death. Before COVID-19, this participant visited the family and would talk to the family to find out what they needed from the church. The congregation members would have prayer services daily until the day of the burial. The participant would also assist the family with drawing up the program for the funeral. Where she felt that her abilities as a minister were limited, she would refer the family for bereavement support with a psychologist. However, this is not common practice amongst the African cultures, and that made grieving in the COVID-19 pandemic complicated.

Participant (C05): This participant would visit the family on receipt of the message of death. He would then arrange with the church Leadership to have daily prayer services, if the funeral was local, until the day of burial. He assisted the family with the funeral program including choosing the hymns. The support included conducting the funeral service as well as post-bereavement visits to check on the family. For those members who were buried

outside Pretoria, the participant would travel for the funeral with some members of the church.

Participant (C06): Before Covid-19, s participant visited the dying member with family at the hospital and would pray with them. Sometimes he would even be called when the member takes their last breath and would join the family at the hospital and wait with them until the body has been removed by the undertakers. He would visit the family and plan the funeral with them. He would also assist the family with drawing up the program for the funeral. The Church would have prayer services daily at the home of the deceased until the day of the burial. During this time the congregation members would assist with some food items like scones, tea, coffee, milk and sugar that will be used as refreshments for those coming to the home to sympathize. In some cases, the church would even provide chairs for use at the home of the deceased during these services. For those members who were buried outside Pretoria, the participant and some members of the congregation would travel to the family home for the funeral.

There is evidence of bereavement care and support, before COVID-19 pandemic, in the congregations from which the clergy in the study are ministering. This in a way can be a contributing factor to the pain experienced by the bereaved widows, as they visualize this care even during the pandemic. The clergy are in a good position to utilize this existing care when journeying with the widows in order to positively deconstruct their current world views which have been formed based of COVID-19 bereavements.

If you were to change anything in the bereavement support you offered during the COVID-19 pandemic, what would it be and why?

Participant (C01): Responding to lessons learnt from the bereavement support that he offered during the COVID-19 pandemic, this participant highlighted the need for the involvement of all members in caring for the bereaved. According to him "*I will change the mentality that only the clergy must offer pastoral care to the bereaved, even those who die due to COVID-19. I got COVID-19 myself whilst journeying with a bereaved family*". He added that *"I am also going to continue with the practice I adopted during the pandemic, referring bereaved families to the psychologist as well as listening to hear and not to respond".* In other words, despite its pain, COVID-19 created a new way of caring for the troubled souls.

With most of the Preachers, Class Leaders and Stewards in his Society being elderly and having other medical conditions, the participant was mostly left alone with most responsibilities. Besides bereavements, there was still the rest of the congregational needs

like prayer requests for the sick, sharing the word of God and taking care of those who had lost their jobs and did not have food.

Participant (C02): As a person with a passion for pastoral care, the COVID-19 pandemic was very frustrating for this participant. He would have loved to be there with the families from the time of hospitalization, to prepare them for the "unexpected". According to this participant *"It was difficult and more painful to realise that the family needed support and that you are unable to support them. The pain of not being able to focus on one family at a time was too much as there were too many deaths at the same time. Bereavement support became like an ambulance ministry, pick, drop, pick drop with not much attention. There was no time for bereavement support beyond the funeral".* He therefore referred the bereaved family members to a Methodist Church in the East of Pretoria which offers grief share sessions to support the bereaved. This support was conducted virtually during the lockdown period. Though he sent the bereaved members for Grief-share, a bereavement support group, this participant strongly feels that the inner-city churches need to look at grief support for their context.

On what he would change, this participant added that "I would also change the approach in terms of support, by formulating a diverse grief support team. Adding medical people to the grief support team would assist the family understand the pathology of the illness. Most families had hope when their loved ones were admitted to the hospital as such, death came as a shock, and they felt let down by God".

Participant (C03): In response to what he would change from the way he supported the bereaved families during the COVID-19 pandemic, this participant indicated that "I would definitely change the practice of the clergy being the only ones expected to support the bereaved members". He emphasized the need to empower the lay people about the virus and how it is spread for them to assist with bereavement support. He added that "I would really want to be there with the sick person from the beginning as this would assist in journeying with the family".

Participant (C04): "If I were to change anything, it will be journeying with families the moment there is illness, even, through phone calls, rather than wait to hear from families on the situation. This makes it easy to journey with the bereaved families during and after the funeral".

Participant (C05): On lessons learnt from the COVID-19 bereavement support, this participant had this to say, "*That being said, I will provide my ministry of presence and exercise caution rather than abstain from home visits. Staying away from the bereaved*

families gave the impression that the church does not care and for that reason, we are still struggling to break through the pain and suffering endured by many members due to bereavements. Some members have still not come back to church".

Participant (C06): With the information I have now on the coronavirus as well as reflecting on my call to ministry, I will definitely be present physically to those in need. By this I don't mean to defy the law, however, I could have been present for the family whilst maintaining the safety precautions and limiting contact, just being there even outside the hospital building to pray for the sick family member. The ministry of presence has a way of touching those in pain. People remember what they saw compared to what they hear.

5.7 PRELIMINARY CONCLUSION

This chapter discussed the interviews which were held with the participants. The demographics of the participants which comprised the widows and the clergy was presented. The ages of the widows ranged from 33 years to 65 years, and they all lost their spouses to COVID-19. All the widows were staunch members of the Methodist Church of Southern Africa and belonged to the uniformed organizations in the Church, the Woman's Manyano, Women's Fellowship and the Local Preachers Association. The second group of participants were the Clergy. It was worth noting that 83% of those interviewed were males, an affirmation of the current statistics in the MCSA where fewer females are entering and serving as clergy.

What stood out from both groups was the need for the ministry of presence during bereavement. The COVID-19 pandemic denied the Church their role in bereavement care. The researcher believes that care of the bereaved widows goes beyond the funeral. The next chapter explores the integration and therapeutic models which will assist the clergy to journey with the bereaved widows.

CHAPTER 6: DEVELOPING A HEALING METHODOLOGY

6.1 INTRODUCTION

This chapter focuses on giving a pastoral intervention plan that the clergy might employ to accompany widows who lost their husbands or wives to COVID-19 on their mourning journey. The strategy is intended to guide the church, particularly the clergy, class leaders and the different uniformed organizations in the MCSA. This strategy should be able to guide pastoral carers during the phase of illness, before, during and after the burial of the deceased family members. As a result, the church will be able to take the best possible care of the widows and any other connected concerns that may arise. This chapter, therefore, addresses the aim of this research and will be to propose a pastoral strategy that the church may employ in response to the care of the grieving widows.

According to the findings of the study, the majority of the widows were members of uniformed organizations and their expectations during their time of bereavement was the presence of these members to support them. The study also revealed that the safety regulations imposed by the government in response to the COVID-19 pandemic prevented the bereaved widows from exercising the funeral rituals that normally aid with the process of grieving. Some widows are therefore still struggling to find closure, as they were not able to view the bodies of their spouses and bid them farewell.

The study also revealed that, whilst the clergy did offer some form of pastoral care, this was however only during the burial. There were unable to follow up on the bereaved widows due to the burden of funerals that were left only to the clergy. This posed emotional strain on the clergy. The laity on the other hand were not available to support the clergy for fear of the virus. The way the church responded to the need for caring for the bereaved widows is in question and requires a paradigm shift. This study therefore suggests a pastoral intervention that can be used by the church to respond to the pastoral care of the bereaved widows who lost their spouses to COVID-19. The findings of this study challenged the researcher to develop a methodology for the caring of the widows.

6.2 CARING METHOD

According to Wamue, a widow is a woman who has been bereaved and is physically, emotionally and spiritually stressed since she is in a condition of a woman who has lost her husband through death. Widows therefore, go through emotional difficulties ranging from loneliness, avoidance by former friends, being perceived as a threat to those who are married, misplaced anger, negotiating with a supreme being for another chance with the already deceased husband, difficulty in accepting that the husband will actually not come

back to intense feelings of sorrow that tend to arise, disappear and may reappear (1996). Therefore, this study is important in the sense that care of the bereaved is a theological issue for it deals with the issues of human dignity in addressing the problems facing widows (Kapuma, 2011).

Kűbler Ross and Kessler's model of grief, which was discussed in chapter four, is crucial in this study because it will enable us to explore the five stages of grief that pastoral care givers need to know when dealing with the widows' the issues. Kűbler Ross and Kessler also provided information relating to progress among widows who are in the process of grief and who may find it difficult to overcome grief because of the several stages of grief they undergo (2005).

The study revealed that the church is in need of an appropriate strategy that can assist her in providing pastoral care to the widows who lost their spouses to COVID-19. Thus, the pastoral intervention focuses on responding to the circumstances surrounding the death that is dying in isolation in the Critical Care units, before the burial, on the day of the burial and after the burial of their spouses. The aim of the caring model is to assist the widows to be able to accept and cope with the death of their spouses.

Stroman notes that Grief is a sign of a broken heart resulting from losing a loved one. Models of grief identify how to adjust to the strange place a person finds herself in when someone dies. Bereavement turns an individual's world upside down, making it difficult to find meaning in what is happening (2022:33). The healing models seek to assist the widows to deal with the following tasks of grieving as revealed by Worden:

(1) Accepting the reality of the loss,

(2) Going through the pain of grief,

(3) Adjusting to life without the deceased, and

(4) Maintaining a connection (memory) to the deceased while moving on with life.

Each one of the stages above will be discussed below.

6.2.1 Accepting the reality of loss

As was highlighted in this study, the death of a spouse is immersed in cultural meaning which a number of rituals and practices, most of which were not made possible by the COVID-19 safety regulations, accompanies. Besides this, the widow is challenged by the reality of her husband's death. Engaging in pastoral process with the bereaved widows should not be delayed or postponed. Louw suggests that in most cases there should

already be a good relationship between the clergy and the widow who may know one another within the congregational setting (2000:356).

The first stage will be to establish communication with the widow and to provide environment where true empathy can be communicated. The widow may be in a state of shock and denial still about the passing of her spouse. Some may still be angry with many people including the church for not being present during their bereavement. The process of grieving may be made more difficult by the experience of vivid dreams about the deceased of which the meaning is unclear. The pastor can however use this time to assist in stressing the reality of her loss in an attempt to facilitate the acceptance of what happened.

According to Worden (2008:27), the pastoral counsellor should be vigilant in terms of physical and mental symptoms such as deep sleep and anxiety as irregular or lack of sleep and abnormal levels of anxiety can inhibit the mourning process. If they occur, the pastor should try to assist with management of these through referral. Worden suggest that depression may also occur and he notes, “While in depression as well as grief, you may find the classic symptoms of sleep disturbance, loss of appetite and intense sadness, however, in grief reaction, there is not the loss of self-esteem commonly found in clinical depression”, (2008:31).

As can be expected, active listening would be the most important function during this initial visit by the caregiver, creating a platform for future counselling. The pastor should also assist as far as possible to manage the widow through the initial stages of the mourning process.

6.2.2 To work through the pain and grief

With the increase in bereavement during the COVID-19 pandemic, there is a need for an urgent response to pastoral care needs of those who were affected. This will come in the form of finding restoration with God and finding inner peace. It is imagined that much of the widow’s time will be occupied by the completion of rituals until after the burial of her husband. In the case of the widows under study, some burial rituals might have been limited, however those rituals related to the African culture will continue. They still wear the black dresses, which signify widowhood, cleansing ceremonies and the distribution of the husband’s clothes and belongings. Much time therefore is consumed by practices and rituals associated to her husband’s departure after the burial. When this is completed, the widow will have more time to herself and will start to process what has happened to her; here it is suspected that conflict may start to develop between the cultural prescripts

regarding death and dying and the Christian convictions. Besides dealing with pressure caused by her in-laws' expectations, the widow will most probably deal with her own inclinations to succumb to traditional beliefs.

According to Louw, the focus of this stage is on the thought patterns of the counselee (2005:357). The pastor therefore needs to establish potential problematic thinking that can derail the normal grieving process and make the necessary links between the widow's culturally influenced thinking and how she feels. It may help if the pastor can establish how well the widow is versed in culture as well as in Christian faith in order to ascertain where her spiritual strength lies. How does she for, instance, deal with the relevant rituals, the opinions of family and how does she incorporate her biblical knowledge with the process.

It will now be important to establish what specific challenges the widow experienced. In the light of this study, challenges were anticipated on the following terrains.

a) **Ancestral veneration:** specific beliefs about ancestry places thinking about the deceased at a disposition. By becoming an ancestor, the widow's husband is still involved in her life, making final acceptance and new commitments difficult. With the COVID-19 limitations on funeral rituals, some widows may still be confused as to the whereabouts of their husbands as the rituals of accompanying the deceased where not done.
b) **Visions and visitations**: Vivid dreaming about the deceased has a special and specific meaning within the African frame of reference. It raises questions pertaining to its meaning and suggests some supernatural connection with the deceased, which can be difficult to understand. The bodies of those who died from COVID-19 were wrapped in plastic bags and body viewing was not permitted. For some widows, even the coffin was wrapped in plastic. With these experiences, the widows will constantly have visions and dreams in trying to respond to the answers they have, like "who was that we buried?"
c) **The Uniformed organizations at church:** As shown in the study, the widows felt neglected by the organizations that they served faithfully with the hope of being supported in times of sadness. In the Methodist Church of Southern Africa, one becomes a member of the church before becoming a member of an organization. Having tension with the organization has seen some widows leaving the church. This tension needs to be managed so that the widow still nurtures her spirituality.

6.2.3 To adjust to a new environment

After learning what the relation between the widows' challenges and specific issues relating to the bereavement, a pastoral strategy needs to be formulated. This entails having an understanding of the specific themes that the pastoral process should focus on. It is anticipated that pastoral care in this instance will have an edifying function, that is, to lead the widow to cope with her grieving. This implies that the pastor will need to be accustomed both in African beliefs, but especially in how the Christian message responds to these issues in order to put them into a Christian perspective.

Information gathered about the widow will provide cues about her values, expectations and convictions and will guide the counselling on the way forward. In the case of the bereaved widows who lost their spouses to COVID-19, this information will include the experience of the loss, the impact of safety regulations on the funeral process, from the day the message of death was received until the day of burial and beyond the funeral. It is important to establish the beliefs and practices which are normally helpful in the healing of the widow's grief. By so doing, the clergy would know which of these to concentrate on during future counselling.

6.2.4 Strategies of moving forward with life

Louw indicates that this final stage is aimed at helping the widow to apply her resources of faith to attain long-term goals and actions. Within the framework of grieving this will entail facilitating an enduring connection with the deceased while moving forward with life (2000:363-364).

The focus will now be on growth through the cultivation and nurturing of new patterns of thought based on the Christian Gospel. It will be of specific importance to encourage the widow to engage with her uniformed organization and community to fill the void of her spouse with new meaning. The integration and internalisation of new Scriptural knowledge is important to ensure that the new value system is applied during the period of grieving. It would be difficult to predict how long this process will take, but the pastor should try to establish if the widow is indeed moving forward, by being sensitive to any signs of progress.

In order to achieve the above tasks, Melgosa (2013), highlights two forms of therapy that could be used as models of healing, group therapy and family therapy. These two models are used to assist the widows to go through their process of grief as well as coping with the loss. Where the Clergy fall short, they can seek advocacy from other stakeholders. When seeking healing or treatment, one has to be introduced to therapeutic models that

can assist in the process (Dlamini 2016:111). The two forms of therapy will be discussed separately.

6.3 GROUP THERAPY

Melgosa suggests that group therapy should be conducted with a set of people sharing the same goal, (2013). and in this case, widows who lost their spouses to COVID-19. According to this study, widows who lost their spouses to COVID-19 should come together for therapy. Melgosa alludes to the fact that in group therapy people learn social skills and how to solve problems. As they come together in sessions and share their stories, each person feels understood, develops an attitude of solidarity, it becomes cost-effective, it favours learning and skills are rehearsed (2013:113). The narrative approach is what Hamman (2005) advocates for initiating conversation when doing the work of mourning. These conversations will lead to 'privileging', (Wimberly 2003:26). Story telling is important as it brings in a convergence of thoughts and ideas to all participating whether by listening or talking. Conversations do not assume understanding or even agreement, but they create a space for expressing what is felt and experienced.

The negative story caused by bereavement creates an atmosphere of helplessness and in some cases even hopelessness. The first four stages of grief as presented by Kűbler-Ross and Kessler (2005) indicate a negative conversation that has been internalised. Externalization takes place in group therapy during the process of reflection on how the COVID-19 pandemic has disadvantaged the widows in their process of grief. This reflection is best conducted during conversation with others, which helps to reduce the negative and promote positive narratives. It is the latter that ultimately leads one to acceptance, making it easy to also privilege God conversations or to pray, (Wimberly 2003:28).

One of the tools that can be utilised in group therapy is to acknowledge the effect of the pandemic. The conversation highlights the fact that the COVID-19 pandemic was an unprecedented time, and this took everyone by surprise. This form of conversation helps to externalize the problem and set realistic expectations about the safety precautions and the impact this had on the widows. It also helps to lay the foundation for challenging unhelpful thinking, especially where individuals might feel guilty regarding the death of their spouses.

Group therapy requires good listening skills and an enabling atmosphere for the widows to openly share their experiences of loss. It is also important for the leader to be able to lead the conversations through probing questions as some may find it difficult to open up.

Hamman suggests that these questions must not dwell on the mechanics of the experience but must focus on the emotional impact of the experience. To enable this, he suggests that the questions must ask 'what' and 'why' instead of 'how'. The aim of these questions is to dig out the underlying hidden emotions that may be standing in the way of the widows moving forward with their grief process.

The widows must be allowed to tell and re-tell their story so that they can recognise their negative internalised emotions and be able to externalise them through conversation (Wimberly 2003:17). This process of externalization is further explored by Wimberly and Wimberly, when discussing five practices of storytelling which are, unmasking, inviting catharsis, relating empathically, unpacking the story, discerning and deciding the way forward, (2007:37).

Let us look at each of these, integrating with the bereaved widows under study.

6.3.1 Feeling understood

Feeling understood by the people who suffer the same problem makes one feel appreciated. The widows who lost their spouses to COVID-19 have different narratives to tell and some have developed some worldviews surrounding their loss as well as the support from the Church. As the widows come together and share their experiences, this will show some solidarity and provides relationships for the widows to confide in without being judged. Gerkin states that the care of God's people always involves tension and interaction of three nexus point of schema, which are, individuals, families and the community and the tradition that shapes the Christian identity, (1997 :27).

In group therapy involving widows, this would be bringing the different widows who have been affected by the COVID-19 bereavements together. One of the frustrations of widowhood is taking over the roles that were normally performed by the spouse. Some of the widows may be struggling with playing the dual parenting role, managing the administrative issues of the household. Feeling understood in this aspect will come in the form of being assisted to readjust in order to move into the new roles. Rando notes that, "To be healthy, over the long term, the mourner cannot continue to behave in the ways she did when her loved one was alive. She must begin to act in accordance with the fact that her loved one has died and must be accustomed to the new world without the deceased and move into it in ways that reflect the fact that he is no longer present", (1993:58). Adaptation to the new world entails finding new ways to fulfil the needs and tasks that were previously done by the deceased spouses. The bereaved widows may

need to learn new skills and roles that are necessary to perform the tasks, which were previously performed by their spouses.

The adjustment to the new world will bring about a new self that eventually culminates into a new identity. The theory of positive deconstruction helps the bereaved widows adjust to the new world. Pollard says this of the process, “I looked carefully at each part to see whether it was good. If it was, I kept it. If it wasn’t, I threw it away,” (1997:45). The pastor as a wise guide will use this process to encourage the bereaved widows to see the best in their current situation in order to build a new life without the deceased spouses. The widows will then assess which tasks they can handle. The widows are also assisted in identifying those tasks which were normally performed by their spouses, and guided on how to get these done in a new way (Pollard 1997:45).For those that are beyond their ability, the pastor can solicit assistance.

As clergy, one would not only teach social skills but also spiritual skills (Dlamini 2016:112). For social skills, one would teach things like communication skills, beadwork, baking, tailoring and gardening. This would empower the widows to generate income, which will assist to cover the gap that has been left by the death of their spouse. These skills also assist in putting food on the table for the family and keeping the widows mentally occupied. For communication skills, the widows are taught how to respond to emotion by naming their emotions, exploring their emotions by sharing more on how they feel. This will assist the bereaved widows to feel supported and allows them to process information once emotion is acknowledged.

For the Spiritual aspect, contextual bible study would be introduced in the group as part of the sessions. This would help them see that biblical widows also experienced what these widows are going through. This would be a source of healing too. The bible also teaches a lot about intercession, which is another skill the widows will learn in group therapy. (Dlamini 2016:112). That way, the widows will be supporting each other through prayer. This is a biblical mandate, (Galatians 6:2), and as the widows exercised this, it would help them to develop the attitude of unity. Gerkin adds. “Singing together can express care and acknowledge our mutual need for care. Praying together can search for and celebrate the receiving of the care that only God can provide”, (1997:82).

6.3.2 Being united through the pain of bereavement

Dlamini uses a common slogan amongst many civil servants in Swaziland to illustrate this unity, “united we stand, divided we fall”, (Dlamini 2016:113). This slogan has been heard even in South Africa amongst the employees as they go through salary negotiations and

the improvement on conditions of employment by standing together against the government decisions on conditions of employment. It becomes a struggle at first but they were able to persevere because they were united. Group therapy may assist those widows who felt lonely and isolated during the COVID-19 pandemic to cope with their grief as they overcome their fears of loneliness.

6.3.3 Conducive for learning

As the widows come together in a group session, they also learn to listen to how others experience the pain of bereavement. Those widows who had restricted movement due to cultural practices because they are wearing mourning clothes may listen and learn from others with similar experience. This would help them cope (Dlamini 2016:113). One of the widows highlighted the administrative process that she had to undergo at her husband's workplace as they dealt with the release of his pension money. From her experience, she has a lot that she can share with other widows who might still be struggling to get this done. Where skills that are not readily available among the group, the pastor can recommend a person who may be able to assist the widows. The application of the theory of positive deconstruction may lead the bereaved widows to find a new identity.

The forming of the new identity can be related to the widow of Nain in the bible. When her husband died, he left her with a huge debt. The debtors came and were threatening to take her sons if she could not pay them. The widow shared her ordeal with the prophet Elijah who advised her to use the little oil that she had left to get the money to pay the creditors. The widow was able to pay off the debtors and had some excess money left to take care of her family. The advice from the prophet changed the widow's identity from that of a homemaker to a businessperson. (2 Kings 4:1-7). The group therapy will provide the widows with an opportunity to re-evaluate themselves as real people and not someone else with a social stigma. (Nwachuku 1995:70).

Group therapy is helpful in cases of physical problems like obesity, anxiety, phobias, and addictions, according to Melgosa. The grief that comes with losing a spouse may make widows more susceptible to certain diseases. One might be able to overcome these health difficulties by journeying together as a group. The widows could learn from each other. If hospital referral is needed it could be easier to get required contacts. This could boost the widows' confidence, and they could easily fit into the community (Dlamini 2016:114).

6.3.4 Cost effective

The COVID-19 pandemic affected people in many ways. Besides the loss of lives, many lost their jobs and therefore are still struggling financially. For the widows who lost a

breadwinner, it is difficult to go for professional therapy as this requires money. As a larger group is attended to by the professional at a lower cost, group therapy is cost-effective (Melgosa 2013:316). The widows will succeed in many other areas of life by saving money on group treatment. This will also help them recover from ailments brought on by stress. While going through the process of constructive deconstruction with the widows, the cleric facilitating group therapy needs to be sensitive to their needs.

According to Melgosa, despite how beneficial group therapy may be, it has its drawbacks. Being a part of a larger whole can be risky because shared knowledge could be leaked by others. If the details is released to the larger congregation and even family members, those widows, who may have disclosed profound family secrets, may feel ashamed. The majority of widows will shun group treatment if anonymity is a concern, despite the fact that they can gain a lot from it, (2013:316). The facilitator might not be able to treat everyone fairly, which is another drawback. The need for individualized attention will decrease as the group gets bigger. If the therapist does not devote individual time to members, it becomes a major issue in the circumstances of widows who already have no one to confide in because they wish to shield their children from the agony. Therefore, it is crucial that the clergy care for all of the widows, (Melgosa 2013:316).

In group therapy, some people might control the entire group. The vocal ones do this frequently. Introverts struggle in these situations because they tend to isolate themselves. This impedes therapeutic development. If this is not acknowledged in the group, widows who may have experienced emotional abuse at the hands of cultural norms may withdraw and relapse into despair. Therefore, it is crucial that the pastoral caregiver allow time for everyone to speak during a group session. As family therapy offers advantages over group therapy, one will now consider its drawbacks (Dlaminin 2016:114).

6.4 FAMILY THERAPY

Psychologists also recommend family therapy. This form of therapy is usually recommended because a family is a nucleus where an individual’s problem can affect others in the family. Additionally, psychologists advise family counselling. Due to the fact that a family is a crucial unit where a person's problem might affect other family members, this type of therapy is typically advised. This may worsen the bereavement process if not treated well. It is for this reason that in such therapy, all family members attend sessions for therapy, (Dlamini 2016:114).

In the cases of the widows who lost their spouses to COVID-19, such therapy could be of good assistance. Most of these widows are experiencing complicated grief as they have

many unanswered questions about the death of their spouses. The one widow still asks who the person they buried was, as she was not allowed to view the body of her husband. In cases like this, depression is imminent.

Sharing grief generally aids its healing. Sharing emotions within a family brings reflection on the meaning of valued relationships, helping to activate coping and restoration process through the most natural source of support, the family. Family therapy makes use of what is often a very accessible source of support and permits the cultivation of relational meaning as a key dimension of adaptation, (*Kissane et al* 2006:2). For most families, their natural resilience serves the needs of the mourning process admirably. Supportive families comfort one another, recognize and respond to needs and encourage healthy adaptation among their family members.

For caregivers, the challenges arise with families in need of specialised care, or families struggling to go on after the loss because of injured relationships, competing ways of coping or lack of mutual support, which potentially handicaps healthy mourning. The development of therapeutic models that aim to reinforce the natural support system for the bereaved families and/or optimize relationships, enhance the functioning of the family and use these very processes to facilitate the sharing of grief, can direct the family and its members down a restorative pathway, (*Kissane et al* 2006).

A pastoral care giver can minister to individual families especially if the widow struggles with depression. Family members could be contacted in order to secure an appointment. They could also be contacted in cases of referrals. This type of therapy is surely effective if it is done in a proper way. This includes family evaluation, contract, treatment and conclusion. I will now discuss each of these below.

6.4.1 Family Evaluation

Evaluation of the family is crucial throughout therapy. This is to find out how the family resolves issues. This is accomplished through watching the family. Pastoral visits are crucial in situations like this. The person providing pastoral care will be able to pinpoint the function that each member of the family performs. The person providing pastoral care will be able to watch how various family members act in various circumstances. Family members can use this space to express their happiness, sadness, fear, and rage. Sometimes, this won't be stated verbally but rather through body language. In such circumstances, the family may receive more assistance, which could be a comfort for those who are impacted.

Especially if the children are still very small and unable to care for themselves, the family members of a widow who is suffering from a chronic disease could be helped with housework and provided with other requirements like food. Gerkin's shepherding model is useful since it ensures that not only the sick widow but also any impacted family members receive assistance.

6.4.2 Contract

The caregiver must create a contract with the family after evaluating the circumstances with them. This is a type of agreement on how they will cooperate while helping the person who is grieving. The therapist and the family then agree on the steps to be done to correct the situation and what should be avoided at all costs after drawing out that contract. The benefit of family therapy is the ties that may have developed inside the family, enabling them to deal with any circumstance. Wimberly thinks that the use of psychology and counselling in close relationships can help create pastoral counselling (1999:18). This demonstrates how crucial developing relationships is throughout family treatment. Family therapy could have some restrictions. The family could want to rely on the caregiver if they don't exercise caution. In order to minimize dependency syndrome, it is crucial to establish the boundaries at the start of each session. Below is a discussion of the shepherding hypothesis, which served as a roadmap for the widows' journey (Dlamini 2016:117).

6.5 PASTORAL CARE THEORIES

6.5.1 Gerkin’s Shepherding model

Gerkin remind us in chapter two that a pastoral theologian must conduct a survey on pastoral history in order to care for troubled souls. He traced pastoral care from the Old Testament through to the twentieth century. He says this of his survey, “Pastoral care as we know it today did not spring forth out of shallow soil of recent experience. Rather, it has a long history…The history of that care like a family genealogy, reaches back as far as the collective memory of the Christian community can be extended”, (1997:23). Some of the practices of the past were preserved and modified in order to shape the present tradition of what it means to be a faithful shepherd of God’s people. The above is important when applied in order to shape the way pastors should care for widows and other troubled souls in their communities. The pastor, in executing these pastoral care functions, is able to journey with the bereaved widows during their period of pain. The functions of the roles from the shepherding model that were employed are:

- Pastor as a shepherd
- Pastor as prophet

- Pastor as a ritualistic leader
- Pastor as an interpretative leader, and
- Pastor as a wise guide.

When the clergy follow this process after burial, they will help the widows to continue with the process of grieving.

6.5.2 Pastor as a shepherd

The pastor as a shepherd of Christ's flock imitates Christ as the main shepherd. The pastor also acts as a shepherd to the bereaved widows. In order to care for the bereaved widows during their bereavement, Gerkin when using the metaphor of the shepherd, notes, "In the more recent times the shepherd metaphor has been widely appropriated as a grounded metaphor for a care-giving pastor", (1997:27).

The image of the shepherd, in Psalm 23, depicts God as the shepherd. Gitari, on the other hand, shares in depth thoughts about shepherding, he says "The role of the Good shepherd will be, to find the straying, to rescue the lost, to feed and tend the whole flock, giving particular attention to the weak and ailing members," (2005:13). In the case of the bereaved widows, the shepherd clergy will feed the bereaved widows with relevant scriptures, which will sustain them in their grief. As the widows are supported by means of scripture, they will manage to endure and triumph over their situation knowing that God as our shepherd has a relationship with us. Jesus confirms this relationship when he says, "I am the good shepherd; I know my sheep and my sheep know me," (John 10:14). The close relationship with the clergy as a shepherd to the bereaved widows opens an avenue into their personal space when they face the reality of death and its impact.

6.5.3 Pastor as a prophet and ritualistic leader

Three types of leadership provided pastoral care for the ancient Israelite communities. These were the priestly, prophetic, and sage castes. This section focuses on the leadership that the prophets provide. The prophets looked after them as God's servants. They served as a reminder of God's purposes to the people of Israel (Gerkin 1997:23). As a prophet, the pastor would work to strengthen the grieving widows' spirituality throughout their traumatic loss. A pastoral caregiver must have the ability to both soothe and challenge others in order to promote growth, according to Lartey (2003:66). With the authority of God's word, the prophetic pastor would try to console the family while also challenging them to develop in love and faith.

Even if we might not adopt all of our Christian ancestors' ritualistic traditions, Gerkin highlighted that we have learnt from them the value of ritualistic pastoral care methods.

He claims that the church of the Middle Ages can teach us something about the sacramental, liturgical, and ritualistic displays of caring by the community of Christian believers (1997:82). The administration of baptism, the breaking of the bread, and singing and praying for one another and with one another are only a few examples of the liturgical ritualistic and sacramental expressions of caring. One of the customs entails the religious and Christian communities visiting the grieving family to offer support (Gerkin 1997:82).

"In Africa, many local communities typically join together after the announcement of death to provide emotional and spiritual support to the bereaved relatives of the family," writes Mwiti in reference to this tradition (1992:12). Praying and singing are two ways that you can get help. In Africa, music therapy helps bereaved people express their deepest human emotions, which cannot be articulated in any other way, the author continues (1992:12). The minister, acting as a ritualistic leader, tries to comprehend the bereaved widows' emotional responses. The tormented spirits of the grieving widows will be restored; they will find hope for their grieving journey. David says, "He restores my soul," as he thinks of God as his shepherd (Psalm 23:3). By restoring the soul, the shepherd is able to maintain the strength of the sheep. The ritualistic pastor or leader serves as a mentor. In order to restore people's wounded souls, guiding involves giving them the tools of faith and hope to bring out their innate potential.

6.5.4 Pastor as an interpretative leader

Gerkin summed up the caring pastor as one who provides leadership to the congregation as they exercise the five elements of congregation which are; mutual care, a community of language, memory, inquiry and missions. (1997:122).

The caring pastor who nurtures the congregation, in an effort to fulfil these five dimensions is called an interpretive leader. Gerkin puts it this way, “The pastor nourishes and engenders a climate of mutual care in the community for which he or she seeks to provide interpretive leadership”, (1997:127). An interpretive leader guides process by organising, providing training and supervision to the lay people in the congregation in order for them to provide mutual care to the bereaved.

The widows in the study highlighted the lack of bereavement support from the uniformed organizations in the Church. The clergy also related to the emotional strain brought on them by the single ministry of providing care to the bereaved during the COVID-19 pandemic. By nurturing the congregation, the clergy will empower them to be able to support the bereaved, even during hard times like the pandemic. One clergy participant in the study identified the need to incorporate the members of the congregation with a

medical background, like nurses and doctors onto the mission pillars to assist with pastoral support, as these will be able to dispel any myths that deter caring. Based on the above discussion, the researcher proposes an integrated healing model which is based on the three forms of therapy discussed above. The rationale behind this model is based on the following:

- With the sensitivity of COVID-19 bereavements, not everyone will be comfortable working in a group
- Some family dynamics might hinder the healing process
- Some people require individual attention in order for them to accept the realities of their grief.

The proposed integrated healing model offers the clergy in the MCSA an opportunity to accommodate the widows at their different points of need. This model also addresses the hindrances to pastoral care as identified from the interviews with the clergy.

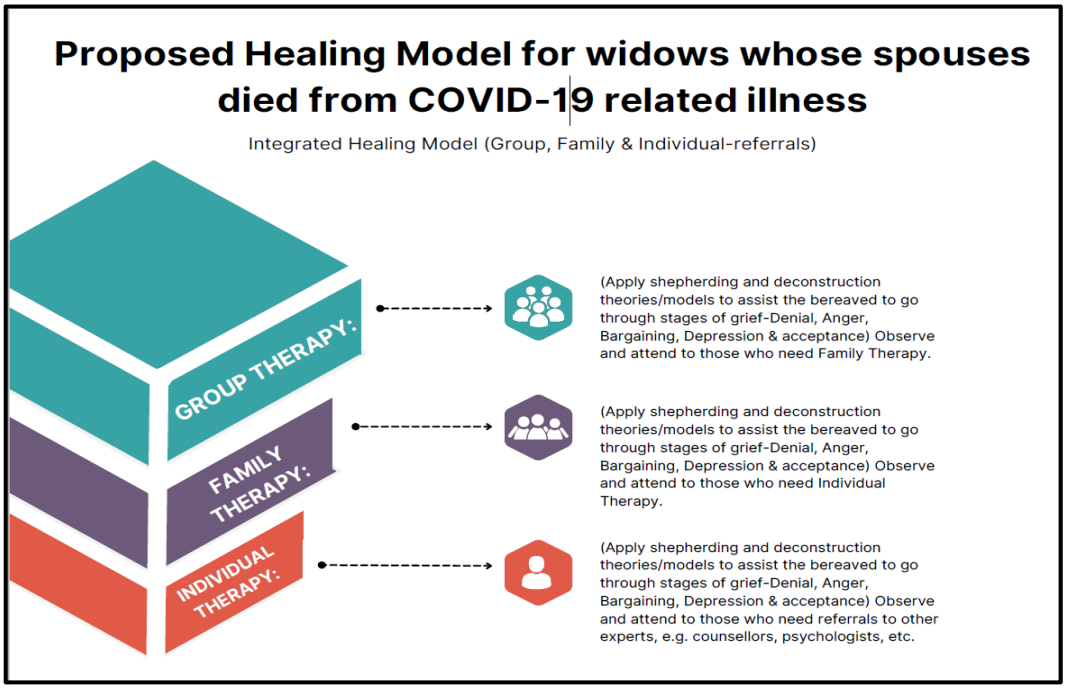

FIGURE 5:1 Adapted from group, family, individual therapy (Melgosa 2013) and shepherding model (Gerkin 1997)

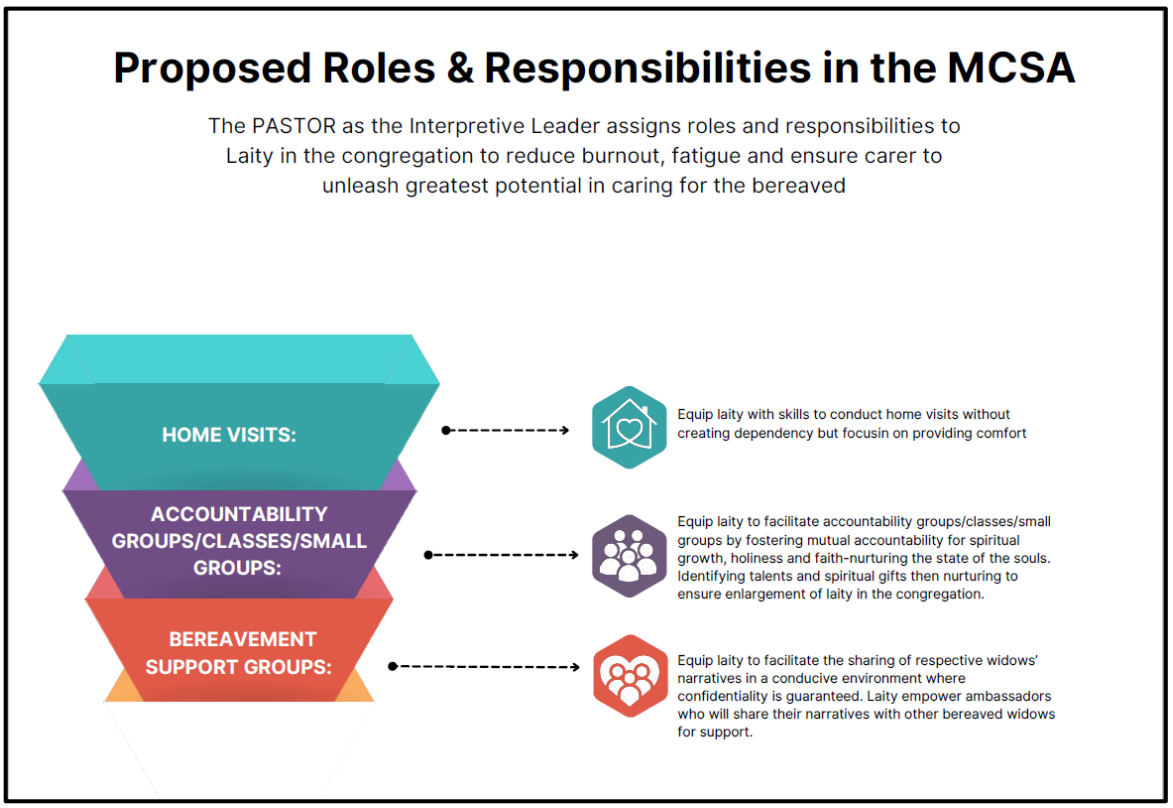

FIGURE 6:2 Adapted from group, family, individual therapy (Melgosa 2013) and shepherding model (Gerkin 1997).

6.6 Preliminary Conclusion

In this chapter, a pastoral intervention method for widows who lost their spouses to COVID-19 was described. In order to console and offer healing to the grieving widows, it was noted that the church's presence during and following the burial was essential. However, COVID-19 pandemic safety regulations put limitations on this type of care. The pastoral caregivers can still make up for this loss by being present among the bereaved widows and listening to their experiences. It is out of these individual experiences that the basis of the healing methodology will be formulated. Due to the extent of bereavements experienced during the COVID-19 pandemic, the researcher proposed group therapy as this would cater for a bigger number of the bereaved widows at a time. Group therapy enabled the widows to meet with individuals who have the same experiences as they are going through. In this form of therapy, storytelling enabled the widows to relive their traumatic experiences.

Gerkin asserts that when pastors begin to serve in a certain community, they join the story of life and ministry that has already been happening there for a considerable amount of time before their arrival (1997:120). The widows' experiences, which are based on how

they perceive the events, can then lead to changes in their attitudes and behaviours. Healing is aided by allowing the widows to share their experiences from their own point of view. Listening attentively, in a non-judgemental manner is often comforting for those going through the trauma of bereavement and maybe the first step in their journey of healing.

Family therapy was also recommended, as in the African culture, the bereaved widow is not an 'island'. Family therapy became a tool through which her family as well as the strengthening of relationships support the widow. The next chapter provides a summary of the findings, recommendations and the conclusion to the study.

CHAPTER 7: SUMMARY OF FINDINGS AND RECOMMENDATIONS

7.1 INTRODUCTION

Chapter 6 presented the healing model that the researcher recommends for the provision of pastoral care for the bereaved widows. Chapter 7 concludes the study by highlighting the findings from the data analysis (chapter 5) and literature review (Chapter 2 and Chapter 4). In addition, discussions on the implications of the findings on the body of knowledge and on the practical response to pastoral care of the bereaved widows during pandemics of crisis are included in this chapter. The chapter closes by proposing areas for further consideration in future studies.

7.2 REVIEW OF THE STUDY

The aim of the study was to explore the "lived experiences" of the widows during their period of bereavement and to further find out available mechanisms or systems of pastoral care in the church, in order to help and assist them in their experience of pain as well as the healing. A review of literature indicated that research on bereaved widows had been conducted from both African and Western perspectives, but very little study had been done in exploring COVID-19 related bereavement in practical theology. In line with the gap within the body of knowledge, the research questions and several research issues were formulated and presented in Chapter 1, and justified in Chapter 2. Following on from this, Chapter 3 discussed the methodology used to address the research questions. Chapter 4 outlined the impact of COVID-19 pandemic on bereavements. Chapter 5 presented the data collected from the participants as well as the analysis thereof. The healing methodology was formulated and presented in Chapter 6. Findings, recommendations, and suggestions for further research were the highlights of Chapter 7. The findings of this study are appraised against the background of their significance to the Methodist Church of Southern Africa, within the City of Tshwane Metropolitan.

After reviewing the gaps in the literature, the following problem statement was formulated:

> *The plight of widows who lost their spouses to COVID-19 has been given little or no attention in the formulation of pastoral response in church and society at large. Religious and cultural rituals which aid healing and connect the living with the next world seemed to be scanty during the period of lockdown. This has resulted on some widows resenting the church.*

The objectives of the study was to :(i) *the challenges faced by the widows who have lost their spouses to COVID-19 and to (ii) propose a healing model that could be utilized by the pastoral care givers in the Methodist Church of Southern Africa when dealing with widows who have lost their spouses to COVID-19*. This study followed the qualitative study design, in which interviews were conducted with a sample of individuals from the Methodist Church of Southern Africa, in the City of Tshwane Metropolitan. Five widows who had lost their spouses to COVID-19 between the period April 2020 to December 2021, and six clergy were selected to participate in the study. The period selected was the time when South Africa experienced the four COVID-19 pandemic waves. Purposive sampling was used to select the individuals who participated in the study as this method allowed for selecting specific participants to provide data that fit the purpose of the study, (Bloemberg & Volpes 2019:186). In order to journey with the widows who lost their spouses to COVID-19 during their bereavement, the researcher utilized Gerkin's theory of shepherding (1997), and this was buttressed by Nick Pollard's Positive Deconstruction model (1997), which enabled the researcher to "enter the vulnerable space" of the widows as they narrate their personal realities encountered during their time of loss and mourning.

The following is a summary of the findings:

7.3 FINDINGS

The study has outlined the narratives on the illness and death of the spouses were very traumatic for the widows. The clergy varied in their support during this time from occasional visits to telephone calls due to various reasons, which ranged from fear of contracting the virus, COVID-19 safety regulations which placed restrictions on social gatherings including funerals. The Clergy also felt overwhelmed by the many bereavements, which took away their focus from journeying with one bereaved family at a time. Funerals became like "an ambulance ministry", where the clergy just went to bury and move on to the next. There was no time to spend in counselling the bereaved on the issue of death.

The support to the bereaved was only provided on the day of the funeral, unlike the norm in the Church where gatherings for prayer services to comfort the bereaved are held daily until the day of the funeral. The minimal support, which was provided after the funeral for some participants, was from their small prayer groups and Spirituality Classes. This is the time when the support was most needed as the widows started to seek answers as they grappled with their losses. This is the time that the pain of loss becomes severe. In the African culture, close family members will remain behind with the bereaved family to

comfort and assist them. This however was not always possible as most family members had to return to work or also feared staying behind due to the cause of death, COVID-19.

It was noted from the interviews with the widows that there was an expectation of bereavement support and care from the uniformed organizations in the Church. These however were not present with the bereaved during their time of need. Most of the widows considered these organizations as “home away from home”, as they are in Pretoria for work purposes. The pastor as an interpretive leader will need to play a very important role of nurturing and empowering the church members to pastorally take care of the bereaved widows and their families.

a) Bereavement support groups

These have been found very useful in the other MCSA congregations, which are mostly white. However, they are excessively far out of reach for the members in the inner city. The churches in the inner city should consider borrowing from this concept and start something that fit into their context. These groups will provide support to people with a common issue, bereavement. An opportunity can then be provided in these groups for the bereaved widows to share their narratives. Having someone listening attentively to the shared stories facilitates healing.

b) Family Support

Sharing emotions within a family brings reflection on the meaning of valued relationships, helping to activate coping and restoration process through the most natural source of support, the family. Family therapy makes use of what is often a very accessible source of support and permits the cultivation of relational meaning as a key dimension of adaptation. For most families, their natural resilience serves the needs of the mourning process admirably. Supportive families comfort one another, recognize and respond to needs and encourage healthy adaptation among their family members.

c) Individual Care

The bereaved can receive individualized care. The overarching goal is to assist the bereaved in keeping a connection with the deceased by shifting the relationship's emphasis from a physical link to memory. The caretaker learns about the bereaved person's circumstances and current degree of functioning during individual therapy, (Grassi & Riba 2012:276). This form of therapy assists those individuals who are still struggling with trust issues until such time that they are comfortable to join groups.

From the interviews with the clergy, the researcher identified that the fear of contracting COVID-19 and thereby spreading it to their families was a limitation in most of them exercising their ministry of presence to the bereaved. Though most of clergy did provide some form of care through telephone calls and virtual platforms, zoom, there was a strong sense of the emphasis for pastoral care to the bereaved in the ministry of presence, through the above-mentioned ways of communication. Gerkin refers to the image of a pastor as the physician of the soul and explains the meaning of this analogue as "… to be a good pastor is to seek to understand the deepest longings, the secret sins and fears of the people so that the healing unction of our understanding may communicate that we and the God we serve care deeply and intimately for them" (1997:82-84). In other words, it is not enough for the clergy to make a phone call and check on the bereaved members.

The clergy highlighted the emotional strain, the ongoing bereavement placed on them, and this was worsened by being alone in the provision of bereavement care. There was a strong emphasis on empowering the laity in the congregations, to provide support to the bereaved as the clergy highlighted that the COVID-19 bereavements were emotionally draining, as they did not have time to focus on an individual family for support. The researcher could relate with the frustrations of the clergy as she was on the frontline of the COVID-19 pandemic in the hospital. The safety regulations denied the nurses the compassionate acts of holding hands and hugging the families of the bereaved. Likewise, the limitations on visitation to the hospitals meant that the clergy could not be with the sick members and their families during a time of need. They could not even provide communion to those members where death was looming. COVID-19 took away the ministry of presence which sometimes is the most required response when words are not adequate. These where times were the nurturing role of a ritualistic pastor were most needed (Gerkin 1997:82). On the issue of preparedness for response to COVID-19 bereavements, all the participants indicated that their training for ministry did not prepare them to render pastoral care in situations like the COVID-19 pandemic. They all had to learn from each individual bereavement on how to adjust the funeral rituals and offer pastoral care to the bereaved without posing a risk of spreading infection to those around including themselves. This uncertainty on the virus brought on fear and anxiety on the clergy, which further complicated their ministry of presence. The researcher suggests the following to deal with the issues highlighted by the clergy:

a) Caring for the carer: The clergy are wounded from their experience in the COVID-19 pandemic. One participant indicated, *"Bereavement support became like an ambulance ministry, pick, drop, pick drop with not much attention".* If they are to provide effective

healing, they too need nurturing of the mind and soul. The church should look at providing pastoral care for the clergy, and Bishops, as this will help in transforming the worldviews of having failed the bereaved families. It is only transformed individuals who can transform others.

b) Equipping Caregivers

(i) Equipping the Laity: There is a need to equip the Laity in the church with knowledge and skills in order for them to be able to support the "All member ministry". This will enable them to serve those who are bereaved effectively, especially in the context of the pandemic. The MCSA believe in the Priesthood of all believers; however, this has not been easily practiced as there is a belief among Church members that "The Clergy get paid for doing the work of God", therefore they should perform all tasks. In a Church whose VISION is "A Christ healed Africa for the healing of nations", which is our desired future and a MISSION STATEMENT: "God calls the Methodist people to proclaim the Gospel of Jesus Christ for healing and transformation", (Methodist Yearbook 2022:3). The Presiding Bishop, Reverend Malinga, in her conference address explains the mission statement as "An action-based statement on how to achieve our objectives, of ministry", (Pietermaritzburg September 2022). The researcher agrees that now is the time to exercise this vision and mission statements, if we are to reach out to all the bereaved members in our communities, especially the broken widows who lost their spouses to COVID-19.

According to Reverend Malinga, "COVID -19 has been a light bearer, shining an illuminating beam onto the multiple, parallel pandemics destroying the world, in particular the continent of Africa. Suffering and pain flourishes in the world and is a decaying wound in Africa. While we have, for a long time, been proclaiming the Gospel of Jesus Christ for healing and transformation, the vision of a Christ-healed Africa is far from being realized", (Conference Address October 2020). In other words, people in Africa are continuously faced with trauma and are in need of healing, as seen in the widows under study.

As Christ's church, we are sent to work in partnership with God in God's mission; the mission to redeem and bring about change to all creation. This includes the healing and transformation of the bereaved widows who are experiencing the pain of loss, so that they can cope with their loss. As the people called Methodist, we are all blessed with spiritual gifts. And we have the mission imperatives, (Methodist Yearbook 2022:3), that gives us a framework of the needs in our communities and helps in aligning our spiritual gifts to these

needs. The question to be asked here is, “are we utilizing the mission imperatives adequately as a church to ensure that the aims of mission are realized?”

(**ii) Equipping the Clergy:** There is a need for on-going education for the clergy in order for them to empower themselves for ministry in their different contexts. The seminary offers the foundation for ministry but there are specific courses through tertiary institutions that are specific to bereavement support, counselling and leadership. These will provide clergy with the leadership required to think creatively in uncertain situations and to shepherd God’s flock with vision.

c) Accountability Groups/Class/ Small groups

The class system has been at the heart of Methodism since it early days. It was what made Methodism distinct. It was because of classes that the Methodist movement produced solid, fruit-bearing disciples (Malinga & Richardson 2006:139).There is a need to revive our Class system, as currently these are not serving the intended purpose, that of “Providing an intimate environment for confession, sharing spiritual experiences, offering encouragement and support in overcoming temptation as well as developing a Christian lifestyle. The class meetings established a pattern of mutual care between members that provided for the needy, cared for the sick and supported those who were suffering”, (Malinga & Richardson 2006:142). In our Wesleyan heritage, small groups or Class meetings are meant to cultivate mutual accountability for growth in holiness. They are meant to be nurturing communities where members: share about their growth in faith and about the state of their souls. In the Class, members are cared for by one another and them “carry” each other’s burdens, in other words, members get to ‘know and be known’. The Class is a space where talents and spiritual gifts are identified and grown. It is here where members speak truth in love to one another (Malinga & Richardson 2006:142-145). The researcher agrees with the need to identify spiritual gifts in members as this is the basis of identifying individuals for bereavement care support and any other ministries in the church. By speaking truth in love, the members are able to share their concerns with regards to the lack of bereavement support from the uniformed organizations, without fear of victimization.

Re-imagining Class meetings would provide the much-needed healing in our church and communities. These would offer platforms of sharing, being listened to and listening to others. As Wesley taught, to attempt to become holy in isolation from other Christians is a futile exercise. Let us re-discover these communities of love and mutual accountability. I believe they take us forward in our quest for healing and wholeness.

d) Home visitations: COVID-19 bereavements occurred during the time when it was difficult for the congregation to visit the bereaved for spiritual support. As a sign of care and compassion, it is advisable that the clergy lead the congregation members, particularly those belonging to the uniformed organizations to do home visits in order to comfort their members. Through home visits, the clergy also has an opportunity to offer individual as well as family care to the bereaved. This will also provide the clergy with an opportunity to observe any behaviours that may indicate a need for referral of the bereaved for psychotherapy, or any other areas of need.

7.4 PROPOSAL FOR FURTHER RESEARCH

7.4.1 Considering that the Methodist Church of Southern Africa spreads over 13 Districts, future research should try to focus on the MCSA as a whole and try to include other provinces, which are not covered in this study.

7.4.2 The ministry of presence according to the clergy is a critical aspect of bereavement care. However, the clergy were not empowered in their ministerial training on how to re-imagine the ministry of presence during a pandemic. Future research should look at how the seminary prepares the clergy to minister in the pandemic. This recommendation is based on the new ministry created by COVID-19 bereavements which may require adjustments to the existing funeral liturgy.

7.4.3 Future research should look at pastoral care to the clergy and their families in view of the emotional strain caused by COVID-19 bereavements.

7.4.3 Research is needed on how to make the Priesthood of all believers, effective in the Methodist Church of Southern Africa.

7.5 CONCLUSION

The aim of this study was to come up with a healing model that would assist the clergy in journeying with the bereaved widows who lost their spouses to COVID-19. The researcher entered the study with the assumption that pastoral care to the bereaved widows was not prioritized by the church. According to the researcher, the missing church was the clergy. As the study unfolded and the views of the participants were heard, this assumption changed. The researcher was reminded through the interviews with the clergy that, “the church is not the building, but the people”. This widened the researcher’s horizon when it comes to pastoral care to the bereaved widows. It was not only the responsibility of the clergy but all members in the congregation. Reflecting on the Methodist class system, the researcher was reminded of one of the purposes of these groups which is mutual care.

The study has confirmed the lack of pastoral care to widows who lost their spouses during the COVID-19 pandemic. This was, however, specific to the uniformed organizations which many members join for fellowship and support during times of need. The study established that, in the midst of the COVID-19 pandemic and the associated challenges on funerals and bereavement rituals among the African communities, it is necessary for the congregation and clergy to continue offering pastoral care and support to those who have lost their loved one, whilst ensuring the safety of everyone involved. The clergy are also required to empower the laity in their congregations in order to expand on the ministry of mutual care.

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APPENDIX A: LETTER OF APPROVAL FROM THE ETHICS COMMITTEE

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Theology and Religion

Research Office
Mrs Daleen Kotzé

NAME:	Ms P Nyandoro
STUDENT NUMBER:	23296357
COURSE:	Masters
DATE:	17 September 2021
APPLICATION NUMBER:	T035/21

This letter serves as confirmation that the research proposal of this student was evaluated by:

1) **The Research committee**: This applies to all research proposals
2) **The Research Ethics committee**: This applies only to research that includes people as sources of information

You are hereby notified that your research proposal (including ethical clearance where it is applicable) is approved.

Prof E van Eck
Chairperson: Research committee: Faculty of Theology and Religion

Dr T van Wyk
Chairperson: Research Ethics committee: Faculty of Theology and Religion

APPENDIX B: INFORMATION DOCUMENT AND INFORMED CONSENT

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Department: Practical Theology

LETTER OF INTRODUCTION AND INFORMED CONSENT
FOR PARTICIPATION IN ACADEMIC RESEARCH

Title of the Study: Pastoral Care with bereaved widows following the death of a spouse to COVID-19

Researcher: Patricia Nyandoro
Student Number: 23296357
Contact Details: pnyandoro@yahoo.com Cell: 0827047396

Dear Research Participant

You are hereby cordially invited to participate in an academic research study due to your experience and knowledge in the research area, namely bereavement following loss of a spouse to COVID-19.

Purpose of the study: The purpose of the study is to (i) investigate the challenges faced by the widows who have lost their spouses to Covid-19 and (ii) to propose a healing model that can be utilized by the pastoral care givers in the Methodist Church of Southern Africa when dealing with widows who have lost their spouses to Covid-19

The results of the study may be published in an academic journal. You will be provided with a summary of the study's findings on request. No participants' names will be used in the final publication.

Duration of the study: The study will be conducted over a period of one year and its projected date of completion is September 2022

Research procedures: The study is based on unstructured interviews as well as review of available literature on the topic. A list of questions and key points will be drawn up in order to facilitate a useful conversation with the participants. The interview will be voice recorded to allow the researcher to concentrate on the interview rather than taking notes.

What is expected of you: An information document will be send to you as an identified study participant. You are expected to read, understand and sign this document and return to the researcher, before the start of the study. I will be contacting you to arrange interviews at a date and time that is convenient to you. The interview is expected to take 30-90 minutes of your time. You are free to contact the researcher on the provided contact details for further clarity.

Your rights: Your participation in this study is very important and is study is based on free will. No gift or payment shall be exchanged for taking part in the research. You may, however, choose not to participate, and you may also stop participating at any time without stating any reasons and without any negative consequences. You, as participant, may contact the researcher at any time in order to clarify any issues pertaining to this research. The participant as well as the researcher must each keep a copy of this signed document.

Confidentiality: The identities of participants and their views will be treated with utmost privacy**.** Data collected for this study will be kept confidential and participants and congregation identity will be protected through use of pseudonyms. The relevant data will be destroyed, should you choose to withdraw.

WRITTEN INFORMED CONSENT

I hereby confirm that I have been informed about the nature of this research.
I understand that I may at any stage, without prejudice, withdraw my consent and participation in the research. I have had sufficient opportunity to ask questions.

Respondent: _____

Researcher: _____

Date: _____

Contact number of the Researcher: 0827047396

VERBAL INFORMED CONSENT *(Only applicable if respondent cannot write)*

I, the researcher, have read and have explained fully to the respondent, named

_____ and his/her relatives, the letter of informed consent. The respondent indicated that he/she understands that he/she will be free to withdraw at any time.

Respondent: _____

Researcher: _____

Witness: _____

Date: _____

APPENDIX C: INTERVIEW GUIDE FOR THE WIDOWS

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FACULTY OF THEOLOGY

PRACTICAL THEOLOGY

Research topic: Pastoral care with bereaved widows following loss of a spouse to covid-19

Respondents Particulars

Age:

How long have you been a member of the church?

Place of Birth:

Ethnicity:

Residential Area:

Questions:

1. Was your husband's death due to Covid-19?
2. Will you please share with me a little background about your husband's death?
3. What did you do soon after receiving the message of the passing of your husband? Who was there to support you?
4. Do you observe any specific funeral rituals as a family? Were you able to continue with these during your husband's funeral?
5. What role did the church play during and after the funeral?
6. Was there any support that you felt would have made your situation better?

APPENDIX D: INTERVIEW GUIDE FOR THE CLERGY

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FACULTY OF THEOLOGY

PRACTICAL THEOLOGY

Research topic: Pastoral care with bereaved widows following the loss of a spouse to Covid-19

Respondents Particulars

Age:

Gender:

Years post ordination:

How long have you been serving at this congregation?

Questions:

1. How was your congregation affected by Covid-19 bereavements?
2. Kindly share how you supported the bereaved families during lockdown?
3. Did you feel prepared enough to deal with bereavements due to Covid-19? If not, what do you think could have made you more empowered to handle this?
4. Can you take me through your normal bereavement support, under normal circumstances?
5. If you were to change anything in the bereavement support you offered during the Covid-19 pandemic, what would it be and why?

APPENDIX E: PERMISSION LETTER FROM THE DISTRICT BISHOP

The Methodist Church of Southern Africa

Tel: +27 (0)12 804 0087/
+27 (0)12 804 2975/
+27 (0)12 804 4336

Limpopo District Office
Based at the Kilnerton Centre:
81 Pitts Avenue, Weavind Park
P O Box 546 Silverton 0127

12 April 2021

To Whom It May Concern

Re: Permission for Deacon Patricia Nyandoro to Conduct Research Interviews

Ms Patricia Nyandoro is a probationer deacon in the Methodist Church of Southern Africa stationed a Sunnyside in the Pretoria Central Circuit.

She is currently registered for Masters Programme in the areas of Practical Theology at the University of Pretoria. Her research topic is: **"Pastoral Care with bereaved widows due to Covid-19."** Her studies, which entail full qualitative research entail interviewing widows and clergy within the Limpopo Synod.

I have therefore, on behalf of the church, given permission for her to conduct such research within the Synod. There is no doubt that this ground-breaking research will benefit the church generally and those of us who are involved in Pastoral Care in particular. This research will further contribute tremendously to the body of knowledge generally and academia in particular.

I therefore humbly request that you cooperate and support her by being available for her to interview you.

With you in Christ's Service,

R Sidwell Mokgothu

A Christ-healed Africa for the Healing of Nations
District Bishop: Rev R Sidwell Mokgothu
e-mail: bishop@mcsalimpopo.co.za

APPENDIX F: PSYCHOLOGIST LETTER

Dr Diana Monama
CLINICAL PSYCHOLOGIST
MA (Clinical Psych) Unisa, PhD (Psychology) Medunsa
Practice No 0323640

MEDICLINC HEART HOSPITAL
Suite 311
551 PARK STREET
ARCADIA
PRETORIA. 0083

P.O BOX 39003, GARSFONTEIN EAST, 0060
Phone: 012 341 0259
Cell: 082 584 8225
Email: dianamonama@ymail.com

DIANA MONAMA
CLINICAL PSYCHOLOGIST
MA Clin Psych (UNISA) Prac no 0323640
Mediclinic Heart Hospital Suite 311
551 Park Street, Arcadia, Pretoria, 0083

06 May 2021

To whom it may concern,

This serves to confirm that Dr Diana Monama is involved with treating families that are bereaved.

Dr Diana Monama would be able to assist Pastor Patricia Nyandoro with counselling of the bereaved family while she does her research on the matters related to bereavement.

For any queries, kindly contact Dr Diana Monama on 082 584 8225.

Regards,

Dr Diana Monama